# Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 1 of 57 United States Bankruptcy Court Northern District of New York, Albany Division

| Debtor(s) |                  |                     |
|-----------|------------------|---------------------|
|           | Chapter <b>7</b> |                     |
|           | Case No          |                     |
|           | • •              | Debtor(s) Chapter 7 |

### **VERIFICATION OF CREDITOR MATRIX**

| The above named debtor(s) hereby v | erify(ies) that the attached matrix listing creditors is t | rue to the best of my(our) knowledge |
|------------------------------------|--|--------------------------------------|
| Date: June 27, 2016                | Signature: /s/ Michael J. Bauer Michael J. Bauer           | Debto                                |
| Date:                              | _ Signature:   | Joint Debtor, if any                 |

Albany County Clerk's Office ATTN: Supreme Court 16 Eagle St Rm 128 Albany, NY 12207-1011

Albany County Clerk's Office 16 Eagle St Rm 128 Albany, NY 12207-1011

Antonucci's Wholesale Restaurant 274 S Main St Gloversville, NY 12078-4205

Berkman, Henoch, Peterson, et. al. 100 Garden City Plz Garden City, NY 11530-3203

Caine & Weiner 15025 Oxnard St Ste 100 Van Nuys, CA 91411-2640

Capital Communications FCU 18 Computer Dr E Albany, NY 12205-1289

Christiana Trust 500 Delaware Ave Wilmington, DE 19801-1490 Citibank/Exxon PO Box 6497 Sioux Falls, SD 57117-6497

County Waste PO Box 431 Clifton Park, NY 12065-0431

DirecTV PO Box 9001069 Louisville, KY 40290-1069

Earth n Sea 3757 Richville Rd Manchester Center, VT 05255-9689

EOS CCA PO Box 981025 Boston, MA 02298-1025

ERE Group, Inc. ATTN: Patrick C. Fiore 6 Century Hill Dr Latham, NY 12110-6108

Fulton County Clerk's Office 223 W Main St Johnstown, NY 12095-2309

HSBC Card Services PO Box 17051 Baltimore, MD 21297-1051

Internal Revenue Service PO Box 37004 Hartford, CT 06176-7004

National Grid 300 Erie Blvd W Syracuse, NY 13202-4201

NYS Department of Taxation & Finance ATTN: Bankruptcy Section PO Box 5300 Albany, NY 12205-0300

NYS Taxation and Finance ATTN: Kathleen Cleary 299 Old Niskayuna Rd Latham, NY 12110-2214

Overton, Russell, Doerr & Donovan, LLP 19 Executive Park Dr Clifton Park, NY 12065-5631

Pinnacle Credit Services PO Box 640 Hopkins, MN 55343-0640 PNC Bank, N.A. PO Box 5570 Cleveland, OH 44101-0570

Saratoga County Clerk's Office 30 McMaster St Ballston Spa, NY 12020-1981

Sears PO Box 6282 Sioux Falls, SD 57117-6282

Selene Finance PO Box 422039 Houston, TX 77242-4239

Trustco Bank, N.A.
PO Box 1047
Schenectady, NY 12301-1047

US Foods 755 Pierce Rd Clifton Park, NY 12065-1302

Verizon Wireless PO Box 26055 Minneapolis, MN 55426-0055  $_{\rm B201B}$   $_{\rm (Form 201B)}$  , 16,01,1184-1-rel

# Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main

Document Page 6 of 57 United States Bankruptcy Court

### Northern District of New York, Albany Division

| IN RE:   | Case No   |  |
|--|---|--|
| Bauer, Michael J.  | Chapter 7   |  |
| Debtor(s)  | VOTEGE TO CONSUMED DEPTOD (C)                                 |  |
|  | NOTICE TO CONSUMER DEBTOR(S) OF THE BANKRUPTCY CODE           |  |
| Certificate of [Non-At   | torney] Bankruptcy Petition Preparer                          |  |
| I, the [non-attorney] bankruptcy petition preparer signing t notice, as required by § 342(b) of the Bankruptcy Code. | he debtor's petition, hereby certify that I delivered to      | the debtor the attached  |
| Printed Name and title, if any, of Bankruptcy Petition Prep<br>Address:  | petition preparer is the Social Security principal, responsib | ber (If the bankruptcy<br>not an individual, state<br>number of the officer,<br>le person, or partner of<br>ion preparer.) |
| x  | (Required by 11 U.S   |  |
| Signature of Bankruptcy Petition Preparer of officer, princ partner whose Social Security number is provided above.  | ipal, responsible person, or                                  |  |
| Cert   | ificate of the Debtor   |  |
| I (We), the debtor(s), affirm that I (we) have received and  | read the attached notice, as required by § 342(b) of the      | e Bankruptcy Code.   |
| Bauer, Michael J.  | X /s/ Michael J. Bauer  | 6/27/2016  |
| Printed Name(s) of Debtor(s)   | Signature of Debtor   | Date   |
| Case No. (if known)  | XSignature of Joint Debtor (if any)                           |  |
|  | Signature of Joint Debtor (if any)                            | Date   |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

© 2016 CINgroup 1.866.218.1003 - CINcompass (www.cincompass.com)

# Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 7 of 57

| Debtor 1                | Michael J. Bauer                              |   |                                      |
|-------------------------|---|---|--------------------------------------|
| Debtor 2                | First Name Middle Name                        | Last Name   |                                      |
| (Spouse if, filing)     | First Name Middle Name                        | Last Name   |                                      |
| United States Ban       | kruptcy Court for the: NORTHERN DIS           | TRICT OF NEW YORK, ALBANY DIVISION  |                                      |
| Case number(if known)   |   |   | ☐ Check if this is an amended filing |
|                         |   |   | J. T. T. T. J.                       |
| Official For            | m 108   |   |                                      |
|                         |   | viduals Filing Under Chapte   | or 7                                 |
| Otatemen                | it of intention for mar                       | viduals i lillig Offder Offapte   | 12/15                                |
| •                       | ridual filing under chapter 7, you must fill  | out this form if:   |                                      |
|                         | claims secured by your property, or           |   |                                      |
| You must file this      | ver is earlier, unless the court extends the  | ot expired.  you file your bankruptcy petition or by the date set for time for cause. You must also send copies to the co |                                      |
| If two married peo      | -   | h are equally responsible for supplying correct infor   | mation. Both debtors must sign       |
| Be as complete ar       | nd accurate as possible. If more space is     | needed, attach a separate sheet to this form. On the  | top of any additional pages.         |
|                         | ur name and case number (if known).           |   |                                      |
| Part 1: List Yo         | ur Creditors Who Have Secured Claims          |   |                                      |
| 1. For any credito      | rs that you listed in Part 1 of Schedule D:   | Creditors Who Have Claims Secured by Property (C  | Official Form 106D), fill in the     |
| information bel         | ow. ditor and the property that is collateral | What do you intend to do with the property that   | Did you claim the property           |
| identity the ere        | and the property that is conditional          | secures a debt?   | as exempt on Schedule C?             |
|                         |   |   |                                      |
| Creditor's CI           | hristiana Trust                               | Surrender the property.   | ■ No                                 |
| name:                   |   | Retain the property and redeem it.  | □Yes                                 |
| Description of          | 45 Mill Dam Rd, East Berne, NY                | ☐ Retain the property and enter into a <i>Reaffirmation</i> Agreement.  | □ 1es                                |
| property                | 12059-2129                                    | ☐ Retain the property and [explain]:  |                                      |
| securing debt:          |   |   | _                                    |
| 0 17 1 -                |   |   |                                      |
| Creditor's PN name:     | NC Bank, N.A.                                 | ■ Surrender the property.   | No                                   |
| name.                   |   | ☐ Retain the property and redeem it. ☐ Retain the property and enter into a <i>Reaffirmation</i>                          | ☐ Yes                                |
| Description of property | 45 Mill Dam Rd, East Berne, NY<br>12059-2129  | Agreement.  |                                      |
| securing debt:          | 12033-2123                                    | ☐ Retain the property and [explain]:  |                                      |
|                         |   |   | -                                    |
| Creditor's Se           | elene Finance                                 | ■ Surrender the property.   | ■ No                                 |
| name:                   |   | <ul><li>Surrender the property.</li><li>Retain the property and redeem it.</li></ul>                                      |                                      |
| Description of          | 45 Mill Dam Pd. East Parns NV                 | ☐ Retain the property and enter into a <i>Reaffirmation</i>   | ☐ Yes                                |
| property                | 45 Mill Dam Rd, East Berne, NY<br>12059-2129  | Agreement. ☐ Retain the property and [explain]:   |                                      |
| securing debt:          |   |   | _                                    |

Statement of Intention for Individuals Filing Under Chapter 7

page 1

Official Form 108

Fill in this information to identify your case:

# Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 8 of 57

| Debtor 1 Bauer, Michael J.                                    | Case number (if known)   |
|---|--|
|   |  |
|   | Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in d leases are leases that are still in effect; the lease period has not yet ended. You ee does not assume it. 11 U.S.C. § 365(p)(2). |
| Describe your unexpired personal property leases              | Will the lease be assumed?   |
| Lessor's name:<br>Description of leased<br>Property:          | □ No   |
| Lessor's name:<br>Description of leased<br>Property:          | □ No   |
| Lessor's name:<br>Description of leased<br>Property:          | □ No   |
| Lessor's name:<br>Description of leased<br>Property:          | □ No   |
| Lessor's name:<br>Description of leased<br>Property:          | □ No   |
| Lessor's name:<br>Description of leased<br>Property:          | □ No   |
| Lessor's name:<br>Description of leased<br>Property:          | □ No   |
| Part 3: Sign Below  | <del></del>  |
|   | ention about any property of my estate that secures a debt and any personal  |
| X /s/ Michael J. Bauer Michael J. Bauer Signature of Debtor 1 | X Signature of Debtor 2  |

Date

June 27, 2016

# Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 9 of 57

| Fill in this information to identify your case: |                               |                                     |
|---|-------------------------------|-------------------------------------|
| United States Bankruptcy Court for the:         |                               |                                     |
| NORTHERN DISTRICT OF NEW YORK, ALBANY DIVISION  |                               |                                     |
| Case number (if known)                          | Chapter you are filing under: |                                     |
|   | Chapter 7                     |                                     |
|   | ☐ Chapter 11                  |                                     |
|   | ☐ Chapter 12                  |                                     |
|   | ☐ Chapter 13                  | <br>Check if this an amended filing |

### Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| rt 1:                        | Identify Yourself   |  |   |
|------------------------------|---|--|---|
|                              |   | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):   |
| You                          | r full name   |  |   |
| Write                        | e the name that is on   | Michael  |   |
|                              |   | First name   | First name  |
| exan                         | nple, your driver's   | J.   |   |
| licen                        | se or passport).  | Middle name  | Middle name   |
| Bring                        | your picture  | Rauer  |   |
|                              | identification to your meeting with the trustee.                            | Last name and Suffix (Sr., Jr., II, III)   | Last name and Suffix (Sr., Jr., II, III)  |
|                              |   |  |   |
|                              |   |  |   |
|                              |   |  |   |
| youi<br>num<br>Indiv<br>Iden | r Social Security<br>ber or federal<br>vidual Taxpayer<br>tification number | xxx-xx-4870  |   |
|                              | Your Write your pictu exan licen Bring iden with  All o used Inclu maid     | Your full name  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  Bauer  Last name and Suffix (Sr., Jr., II, III)  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number  About Debtor 1:  Michael  First name  Bauer  Last name and Suffix (Sr., Jr., II, III) |

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Page 10 of 57 Case number (if known) Document

Debtor 1 Bauer, Michael J.

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 45 Mill Dam Rd East Berne, NY 12059-2129 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code **Albany** County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it in above, fill it in here. Note that the court will send any here. Note that the court will send any notices to this mailing notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: this district to file for Check one: bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, I have have lived in this district longer than in any other lived in this district longer than in any other district. district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 11 of 57 Case number (if known)

Debtor 1 Bauer, Michael J.

| Par |   |       |                                    |  |   |  |  |   |
|-----|---|-------|------------------------------------|--|---|--|--|---|
| 7.  | The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § Bankruptcy Code you are choosing to file under |       |                                    |  |   | :. § 342(b) for Individuals              | s Filing for Bankruptcy (Form                        |   |
|     | choosing to me under  | ■ Ch  | napter 7                           |  |   |  |  |   |
|     |   | ☐ Ch  | napter 11                          |  |   |  |  |   |
|     |   | ☐ Ch  | apter 12                           |  |   |  |  |   |
|     |   | ☐ Ch  | napter 13                          |  |   |  |  |   |
| 8.  | How you will pay the fee  |       | about how you                      | ı may pay. Typically,<br>y is submitting your p      | if you are paying the                     | e fee yourself, you                      |  | cal court for more details<br>shier's check, or money order.<br>ard or check with a |
|     |   |       |                                    |  |   | this option, sign a                      | and attach the Applicatio                            | n for Individuals to Pay The  |
|     |   |       | ū                                  | ns <i>tallment</i> s (Official F                     | ,   | nic antion anly if y                     | you are filing for Chapter                           | 7. By law, a judge may, but is  |
|     |   |       | not required to<br>your family siz | o, waive your fee, and                               | may do so only if ye to pay the fee in in | our income is les<br>stallments). If you | s than 150% of the offici<br>choose this option, you | ial poverty line that applies to must fill out the Application                      |
| 9.  | Have you filed for  | □ No. |                                    |  |   |  |  |   |
|     | bankruptcy within the last 8 years?   | ■ Yes | 3.                                 |  |   |  |  |   |
|     |   |       | District                           | N.D.N.Y.   | When                                      | 7/22/10                                  | Case number  | 10-12734  |
|     |   |       | District                           | N.D.N.Y.   | When                                      | 2/12/10                                  | Case number  | 10-10478  |
|     |   |       | District                           |  | When                                      |  | Case number  |   |
| 10. | Are any bankruptcy cases  | ■ No  |                                    |  |   |  |  |   |
|     | pending or being filed by<br>a spouse who is not filing<br>this case with you, or by<br>a business partner, or by<br>an affiliate?                | ☐ Yes | S.                                 |  |   |  |  |   |
|     |   |       | Debtor                             |  |   |  | Relationship to y                                    | ou  |
|     |   |       | District                           |  | When                                      |  | Case number, if I                                    | known   |
|     |   |       | Debtor                             |  |   |  | Relationship to y                                    | ou  |
|     |   |       | District                           |  | When                                      |  | Case number, if I                                    | known   |
| 11. | Do you rent your residence?   | ■ No. | Go to li                           | ne 12.   |   |  |  |   |
|     | residence :   | ☐ Yes | <sub>s.</sub> Has yo               | ur landlord obtained a                               | an eviction judgmen                       | t against you and                        | do you want to stay in y                             | our residence?  |
|     |   |       |                                    | No. Go to line 12.                                   |   |  |  |   |
|     |   |       |                                    | Yes. Fill out <i>Initial Si</i> bankruptcy petition. | tatement About an l                       | Eviction Judgmer                         | nt Against You (Form 10                              | 1A) and file it with this   |

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 12 of 57 Case number (if known)

Debtor 1 Bauer, Michael J.

| ar  | Report About Any Bus   | sinesses \             | You Own a   | as a Sole Proprietor  |  |  |  |
|---|--|------------------------|---|---|--|--|--|
| 12.   | Are you a sole proprietor of any full- or part-time business?  | ■ No.                  | Go to Part 4.   |   |  |  |  |
|   |  | ☐ Yes.                 | Name  | and location of business  |  |  |  |
|   | A sole proprietorship is a<br>business you operate as an<br>individual, and is not a<br>separate legal entity such as<br>a corporation, partnership, |                        | Name of business, if any  |   |  |  |  |
|   | or LLC. If you have more than one  |                        | Numb  | er, Street, City, State & ZIP Code  |  |  |  |
|   | sole proprietorship, use a separate sheet and attach it  |                        |   |   |  |  |  |
|   | to this petition.  |                        | Check   | k the appropriate box to describe your business:  |  |  |  |
|   |  |                        |   | Health Care Business (as defined in 11 U.S.C. § 101(27A))   |  |  |  |
|   |  |                        |   | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |  |
|   |  |                        |   | Stockbroker (as defined in 11 U.S.C. § 101(53A))  |  |  |  |
|   |  |                        |   | Commodity Broker (as defined in 11 U.S.C. § 101(6))   |  |  |  |
|   |  |                        |   | None of the above   |  |  |  |
| 13.   | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?  | deadlines<br>operation | e filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate s. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of is, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 116(1)(B). |   |  |  |  |
|   |  | ■ No.                  | I am n  | not filing under Chapter 11.  |  |  |  |
|   | For a definition of small business debtor, see 11 U.S.C. § 101(51D).   | □ No.                  | I am fi<br>Code.  | iling under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |  |  |  |
|   |  | ☐ Yes.                 | I am fi   | iling under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |
| ar  | t 4: Report if You Own or  | Have Any               | Hazardou  | us Property or Any Property That Needs Immediate Attention  |  |  |  |
| 14.   | Do you own or have any   | ■ No.                  |   |   |  |  |  |
|   | property that poses or is alleged to pose a threat of imminent and identifiable  |                        | What is t   | the hazard?   |  |  |  |
|   | hazard to public health or<br>safety? Or do you own<br>any property that needs<br>immediate attention?   |                        |   | liate attention is why is it needed?  |  |  |  |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? |  |                        | Where is  | the property?   |  |  |  |
|   |  |                        |   | Number, Street, City, State & Zip Code  |  |  |  |

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Page 13 of 57 Case number (if known) Document

Debtor 1 Bauer, Michael J.

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about

П Incapacity.

credit counseling because of:

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document

Page 14 of 57 Case number (if known) Debtor 1 Bauer, Michael J. **Answer These Questions for Reporting Purposes** Part 6: 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C.§ 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. ■ Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under □ No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that after I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are Yes. any exempt property is paid that funds will be available to distribute to unsecured creditors? excluded and administrative expenses ■ No are paid that funds will be available for distribution ☐ Yes to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 **1**-49 you estimate that you **5001-10.000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ■ More than 100,000 □ 100-199 **200-999** 19. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$500,000,001 - \$1 billion ■ \$1,000,001 - \$10 million estimate your liabilities to □ \$50,001 - \$100,000 □ \$1,000,000,001 - \$10 billion □ \$10,000,001 - \$50 million be? **\$100,001 - \$500,000** □ \$10,000,000,001 - \$50 billion □ \$50.000.001 - \$100 million □ \$500,001 - \$1 million ☐ More than \$50 billion □ \$100.000.001 - \$500 million Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Michael J. Bauer Signature of Debtor 2 Michael J. Bauer Signature of Debtor 1 Executed on Executed on June 27, 2016 MM / DD / YYYY MM / DD / YYYY

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Page 15 of 57 Case number (if known) Document

Debtor 1 Bauer, Michael J.

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Samuel B. Warner                   | Date          | June 27, 2016             |
|--|---------------|---------------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY            |
| Samuel B. Warner                       |               |                           |
| Printed name                           |               |                           |
| Warner & Warner, PLLC                  |               |                           |
| Firm name                              |               |                           |
|  |               |                           |
| 6 Automation Ln Ste 109                |               |                           |
| Albany, NY 12205-1658                  |               |                           |
| Number, Street, City, State & ZIP Code |               |                           |
| Contact phone (518) 451-9388           | Email address | swarner@warnerlawyers.com |
| 5113931                                |               |                           |
| Bar number & State                     |               | <del></del>               |

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main

|               |                                   |   |                       | Docume            | ent Page 16 of 57   |  |  |
|---------------|-----------------------------------|---|-----------------------|-------------------|---|--|--|
| Filli         | n this inform                     | nation to identify                      | your case and thi     | is filing:        |   |  |  |
| Deb           | tor 1                             | Michael J. E                            | Bauer                 |                   |   |  |  |
|               |                                   | First Name                              | Middle                | e Name            | Last Name   |  |  |
| Deb<br>(Spot  | tor 2<br>ise, if filing)          | First Name                              | Middle                | e Name            | Last Name   |  |  |
| Unit          | ed States Bar                     | nkruptcy Court for                      | the NORTHER           | N DISTRICT (      | OF NEW YORK, ALBANY DIVISIO   | ON I   |  |
| Onne          | ca Otates Bai                     | ikruptcy Court for                      | THE. NORTHER          | TO THE T          | JI NEW TORK, NEDART DIVIOR  |  |  |
| Cas           | e number _                        |   |                       |                   |   |  | ☐ Check if this is an amended filing                       |
|               |                                   |   |                       |                   |   |  | amended ming   |
| ∩ff           | icial Fo                          | rm 106A/E                               | 2                     |                   |   |  |  |
| _             |                                   | _                                       | _                     |                   |   |  |  |
|               |                                   | e A/B: P                                | <u> </u>              |                   | 16 614 41   |  | 12/15  |
|               |                                   |   |                       |                   | nce. If an asset fits in more than on<br>d people are filing together, both are |  |  |
|               | nation. If more<br>er every quest |   | attach a separate sh  | neet to this form | n. On the top of any additional page  | s, write your name and ca  | ase number (if known).                                     |
|               | _                                 |   |                       | h D   F-4-4-      | Var. Oran and Harra and Internation   |  |  |
| Part          | Describe i                        | Each Residence, B                       | uliding, Land, or Oti | ner Real Estate   | You Own or Have an Interest In  |  |  |
| 1. <b>D</b> o | you own or h                      | ave any legal or eq                     | uitable interest in a | ny residence, b   | ouilding, land, or similar property?  |  |  |
|               | No. Go to Part                    | 2.                                      |                       |                   |   |  |  |
|               | Yes. Where is                     | the property?                           |                       |                   |   |  |  |
|               |                                   |   |                       |                   |   |  |  |
|               |                                   |   |                       |                   |   |  |  |
| 1.1           |                                   |   |                       | What is the       | property? Check all that apply  |  |  |
|               | 45 Mill Do                        | D.d                                     |                       | Single            | le-family home  |  | d claims or exemptions. Put                                |
|               | 45 Mill Dai                       | m Ra<br>if available, or other de:      | scription             | ☐ Duple           | ex or multi-unit building   |  | cured claims on Schedule D:<br>Claims Secured by Property. |
|               | ,                                 | , |                       | ☐ Cond            | dominium or cooperative   |  |  |
|               |                                   |   |                       | ☐ Manu            | ufactured or mobile home  | O  | O  |
|               | East Berne                        | e NY                                    | 12059-2129            | ☐ Land            |   | Current value of the<br>entire property?   | Current value of the portion you own?                      |
|               | City                              | State                                   | ZIP Code              | ☐ Inves           | stment property   | \$119,000.0  | 0 \$119,000.00   |
|               |                                   |   |                       | _                 | share   | Describe the nature  | of your ownership interest                                 |
|               |                                   |   |                       | Other             |   | <ul> <li>(such as fee simple,<br/>a life estate), if know</li> </ul>   | tenancy by the entireties, or                              |
|               |                                   |   |                       | _                 | n interest in the property? Check one or 1 only                                 | Fee Simple   |  |
|               | Albany Co                         | ounty                                   |                       | _                 | or 2 only   |  | _  |
|               | County                            |   |                       | _                 | or 1 and Debtor 2 only  | Observation in the state of the |  |
|               |                                   |   |                       | _                 | ast one of the debtors and another  | (see instructions)   | community property   |
|               |                                   |   |                       | Other inform      | mation you wish to add about this it  | em, such as local  |  |
|               |                                   |   |                       |                   | entification number:  |  |  |
|               |                                   |   |                       | Primary I         | Residence   |  |  |
|               |                                   |   |                       |                   |   |  |  |
| 2             | Add the dolla                     | ar value of the po                      | ortion you own for    | all of your er    | ntries from Part 1, including any   | entries for pages  | ****   |
|               | ou have atta                      | ached for Part 1.                       | Write that numbe      | r here            |   | =>   | \$119,000.00   |
| Part          | 2: Describe                       | Your Vehicles                           |                       |                   |   |  |  |
| Do 1/         | ou own loos                       | o or have legal o                       | or oquitable intere   | ot in ony vohi    | iolog whather they are registers  | ed or not? Include oney  | chicles you can that                                       |
|               |                                   |   |                       |                   | icles, whether they are registere<br>G: Executory Contracts and Unex            |  | eriicies you own that                                      |
| ع <b>ر</b> ۔  | are vane tru                      | icke tractore en                        | ort utility vehicles  | s motorcyclo      | e   |  |  |
| ). <b>C</b>   | ai 3, vali3, il u                 | ιοπο, παυιστο, δρ                       | or unity vericles     | s, motorcycles    | 3   |  |  |
|               | No                                |   |                       |                   |   |  |  |

☐ Yes

| Dobtor 1  | Case 16-111  |  | Doc 1  | Filed 06/27/1<br>Document                        | 6 Entered 06 Page 17 of 57 | /27/16 15:23:23           | B Desc Main  |
|---|--|--|--|--|----------------------------|---------------------------|--|
| Debtor 1  |  |  |  |  |                            |                           |  |
|   |  |  |  | r recreational vehicle<br>fishing vessels, snowr |                            |                           |  |
| ■ No  |  |  |  |  |                            |                           |  |
| ☐ Yes   | i  |  |  |  |                            |                           |  |
|   |  |  |  |  |                            |                           |  |
|   |  |  |  | II of your entries from                          |                            |                           | \$0.00   |
| Part 3:   | Describe Your Perso  | nal and Housel   | old Items  |  |                            |                           |  |
| Do you  | own or have any le   | egal or equitab  | le interest i  | n any of the following                           | g items?                   |                           | Current value of the portion you own? Do not deduct secured claims or exemptions.  |
|   | ehold goods and function applies: Major appliance  |  | nens china   | kitchenware                                      |                            |                           |  |
| □ No  | , , , , , ,  | oos, rarriitare, iii   | iorio, oriiria,  | Ritorionware                                     |                            |                           |  |
| ■ Ye  | s. Describe  |  |  |  |                            |                           |  |
|   |  | Household  | Goods  |  |                            |                           | \$1,000.00   |
| <i>Exam</i> □ No  | including cell   | nd radios; audio<br>phones, came   |  |  | t; computers, printers,    | scanners; music collect   | ions; electronic devices   |
| ■ Ye  | s. Describe  |  | lectronics   | s consisting of On                               | e [1] TV and One [         | 1] Cell                   | \$1,000.00   |
| ■ Ye  | s. Describe  | Personal E<br>Phone  | lectronics   | s consisting of On                               | e [1] TV and One [         | 1] Cell                   | \$1,000.00   |
| 8. Collec   | ctibles of value<br>oples: Antiques and<br>collections, m  | Phone  | ngs, prints, c   |  |                            |                           | \$1,000.00 aseball card collections; other   |
| 8. Collect Exam  No  Ye  9. Equip Exam  | ctibles of value uples: Antiques and collections, m s. Describe ment for sports and collections, m uples: Sports, photog instruments   | Phone figurines; paintinemorabilia, co   | ngs, prints, c<br>lectibles  | or other artwork; books,                         | pictures, or other art o   | ojects; stamp, coin, or b |  |
| 8. Collector Exam  Ye  9. Equip Exam  Ye  10. Fireat Exam                                     | ctibles of value collections, m collections c | figurines; painti<br>nemorabilia, co<br>nd hobbies<br>graphic, exercis                                     | ngs, prints, c<br>lectibles<br>e, and other                                  | or other artwork; books,                         | pictures, or other art o   | ojects; stamp, coin, or b | aseball card collections; other  |
| 8. Collector Exam  Ye  9. Equip Exam  Ye  10. Fireat Exam                                     | ctibles of value collections, m s. Describe ment for sports an oples: Sports, photog instruments s. Describe s. Describe mrms mples: Pistols, rifles   | figurines; paintinemorabilia, coind hobbies graphic, exercises, shotguns, am                               | ngs, prints, o<br>lectibles<br>e, and other<br>munition, an                  | or other artwork; books, hobby equipment; bicy   | pictures, or other art o   | ojects; stamp, coin, or b | aseball card collections; other ayaks; carpentry tools; musical  |
| 8. Collector Exam  Ye  9. Equip Exam  Ye  10. Fireat Exam                                     | ctibles of value collections, m collections c | figurines; painti<br>nemorabilia, co<br>nd hobbies<br>graphic, exercis                                     | ngs, prints, o<br>lectibles<br>e, and other<br>munition, an                  | or other artwork; books, hobby equipment; bicy   | pictures, or other art o   | ojects; stamp, coin, or b | aseball card collections; other  |
| 8. Collect Exam  Note Yee  9. Equip Exam  Note Yee  10. Firea Exa Yee  11. Clott Exa Note Yee | ctibles of value collections, m collections collect | figurines; paintinemorabilia, con ad hobbies graphic, exercises, shotguns, amulthaca Armuthes, furs, leath | ngs, prints, collectibles e, and other munition, and s Shotgur er coats, des | or other artwork; books, hobby equipment; bicy   | pictures, or other art o   | ojects; stamp, coin, or b | aseball card collections; other aseball card card collections; other aseball card card card card card card card card |
| 8. Collect Exam  Note Yee  9. Equip Exam  Note Yee  10. Firea Exa Yee  11. Clott Exa Note Yee | ctibles of value collections, m collections collect | figurines; paintinemorabilia, cond hobbies graphic, exercises, shotguns, am                                | ngs, prints, collectibles e, and other munition, and s Shotgur er coats, des | or other artwork; books, hobby equipment; bicy   | pictures, or other art o   | ojects; stamp, coin, or b | aseball card collections; other ayaks; carpentry tools; musical  |

12. Jewelry

 Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver
 No
 ☐ Yes. Describe.....

Official Form 106A/B Schedule A/B: Property page 2

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 18 of 57

| Deb  | ebtor 1 Bauer, Michael J.  | Case number (if known)                         |   |
|------|--|--|---|
|      | Non-farm animals  Examples: Dogs, cats, birds, horses  □ No  |  |   |
|      | Yes. Describe  |  |   |
|      | One [1] Dog and Four [4] Domestic Ca   | its  | unknown   |
|      | Any other personal and household items you did not already list, inc  ■ No  □ Yes. Give specific information   | luding any health aids you did not list        |   |
| 15.  | 5. Add the dollar value of all of your entries from Part 3, including any Part 3. Write that number here   | . • .  | \$2,600.00  |
| Part | rt 4: Describe Your Financial Assets   |  |   |
| Do   | you own or have any legal or equitable interest in any of the following  | g?   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|      | Cash  Examples: Money you have in your wallet, in your home, in a safe deposit b  No  □ Yes  | box, and on hand when you file your petition   |   |
|      | Deposits of money  Examples: Checking, savings, or other financial accounts; certificates of de institutions. If you have multiple accounts with the same instit   | •  | ses, and other similar  |
|      | ■ YesInstitution na  | ame:   |   |
|      | 17.1. Savings Account SEFCU  |  | \$1.00  |
|      | 17.2. Checking Account SEFCU   |  | \$35.00   |
|      | Bonds, mutual funds, or publicly traded stocks  Examples: Bond funds, investment accounts with brokerage firms, money  □ No  | market accounts                                |   |
|      | Yes Institution or issuer name:  |  |   |
|      | Two [2] Shares of Samuel Adam  | 18   | \$400.00  |
|      | Non-publicly traded stock and interests in incorporated and unincorporated in twenture  ■ No  □ Yes. Give specific information about them  |  | n an LLC, partnership, and  |
|      | Name of entity:  | % of ownership:                                |   |
|      | Government and corporate bonds and other negotiable and non-negonegotiable instruments include personal checks, cashiers' checks, promis Non-negotiable instruments are those you cannot transfer to someone by s  ■ No  □ Yes. Give specific information about them | ssory notes, and money orders.                 |   |
|      | Issuer name:   |  |   |
| _    | Retirement or pension accounts  Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings  ■ No   | accounts, or other pension or profit-sharing p | olans   |
|      | ☐ Yes. List each account separately.  Type of account:  Institution na   | ame:   |   |

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23

Page 19 of 57

Case number (if known) Document Debtor 1 Bauer, Michael J. 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ■ No ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value:

#### 32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

■ No

☐ Yes. Give specific information..

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Page 20 of 57
Case number (if known) Document Debtor 1 Bauer, Michael J. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for \$436.00 Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form Part 8: \$119,000.00 Part 2: Total vehicles, line 5 \$0.00 Part 3: Total personal and household items, line 15 \$2,600.00 Part 4: Total financial assets, line 36 \$436.00 Part 5: Total business-related property, line 45 \$0.00

55. Part 1: Total real estate, line 2 57. 59. 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$3,036.00 Copy personal property total \$3,036.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$122,036.00

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main

| Fill in this inforr | mation to identify your  | case:             |                       |          |
|---------------------|--------------------------|-------------------|-----------------------|----------|
| Debtor 1            | Michael J. Bauer         |                   |                       |          |
|                     | First Name               | Middle Name       | Last Name             |          |
| Debtor 2            |                          |                   |                       |          |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name             |          |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF NEW YORK, ALBANY D | DIVISION |
| Case number _       |                          |                   |                       |          |
|                     |                          |                   |                       |          |
|                     |                          |                   |                       |          |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemptions a | e you claiming | ? Check one only, | even if your s | pouse is filing with | you. |
|----|---------------------------|----------------|-------------------|----------------|----------------------|------|
|    |                           |                |                   |                |                      |      |

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property |   | Current value of the<br>portion you own | Am  | ount of the exemption you claim                                 | Specific laws that allow exemption |  |
|--|---|---|-----|---|------------------------------------|--|
|  |   | Copy the value from<br>Schedule A/B     | Che | eck only one box for each exemption.                            |                                    |  |
|  | Household Goods Line from Schedule A/B. 6.1                             | \$1,000.00                              |     | \$1,000.00  | 11 USC § 522(d)(3)                 |  |
|  | Line IIom Schedule A/D. 0.1   |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|  | Personal Electronics consisting of<br>One [1] TV and One [1] Cell Phone | \$1,000.00                              |     | \$1,000.00  | 11 USC § 522(d)(3)                 |  |
|  | Line from Schedule A/B. 7.1   |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|  | Ithaca Arms Shotgun Line from Schedule A/B 10.1                         | \$100.00                                |     | \$100.00  | 11 USC § 522(d)(5)                 |  |
|  | Line nom Schedule Add. 10.1   |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|  | Basic Clothes Line from Schedule A/B 11.1                               | \$500.00                                |     | \$500.00  | 11 USC § 522(d)(3)                 |  |
|  | Line nom Schedule A/L 11.1  |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|  | SEFCU Line from Schedule A/B 17.1                                       | \$1.00                                  |     | \$1.00  | 11 USC § 522(d)(5)                 |  |
|  | Line Irom Scheaule A/B. 17.1  |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |

# Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 22 of 57

|    | Brief description of the property and line on<br>Schedule A/B that lists this property         | Current value of the<br>portion you own | portion you own  Copy the value from Check only one box for each exemption. |   | Specific laws that allow exemption |
|----|--|---|---|---|------------------------------------|
|    |  | Copy the value from<br>Schedule A/B     |   |   |                                    |
|    | SEFCU  | \$35.00                                 |   | \$35.00   | 11 USC § 522(d)(5)                 |
|    | Line from Schedule A/B. 17.2   |   |   | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Two [2] Shares of Samuel Adams Line from Schedule A/B 18.1                                     | \$400.00                                |   | \$400.00  | 11 USC § 522(d)(5)                 |
|    | Zine nem donedale / V.Z. 10.1  |   |   | 100% of fair market value, up to any applicable statutory limit |                                    |
| 3. | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 years) |   |   | on or after the date of adjustment.)                            |                                    |
|    | ■ No   |   |   |   |                                    |
|    | ☐ Yes. Did you acquire the property covered  | by the exemption within                 | 1,21  | 5 days before you filed this case?                              |                                    |
|    | □ No   |   |   |   |                                    |

Yes

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main

|          |   |                               | Document  | Page 2        | 3 of 57                                   |                          |                     |
|----------|---|-------------------------------|---|---------------|---|--------------------------|---------------------|
| Fill in  | n this inform                           | nation to identify you        | r case:   |               |   |                          |                     |
| Debt     | or 1                                    | Michael I Bou                 | \ <b>-</b>  |               |   |                          |                     |
| Debt     | .01 1                                   | Michael J. Baue<br>First Name |   | Last Name     |   | 1                        |                     |
| Debt     | or 2                                    |                               |   |               |   |                          |                     |
|          | se if, filing)                          | First Name                    | Middle Name   | Last Name     |   |                          |                     |
| l lmita  | d Ctataa Da                             | alementare Court for the      | NORTHERN DISTRICT OF NEW  | VODK M        | DANV DIVICION                             | 1                        |                     |
| Unite    | eu States Bai                           | nkruptcy Court for the:       | NORTHERN DISTRICT OF NEW  | TORK, AL      |   |                          |                     |
| Case     | e number                                |                               |   |               |   |                          |                     |
| (if kno  | wn)                                     |                               |   |               |   | ☐ Check                  | if this is an       |
|          |   |                               |   |               |   | amend                    | led filing          |
|          |   |                               |   |               |   |                          |                     |
| Offic    | cial Forn                               | <u>า 106D</u>                 |   |               |   |                          |                     |
| Sch      | nedule                                  | D: Creditors                  | Who Have Claims S   | ecure         | d by Property                             | V                        | 12/15               |
| <u> </u> |   | 2. 0. 000                     |   |               |   | ,                        |                     |
|          |   |                               | f two married people are filing together,                             |               |   |                          |                     |
| knowr    |   | dullional Page, IIII it ou    | t, number the entries, and attach it to this                          | S IOIIII. OII | the top of any additional                 | pages, write your name   | and case number (ii |
| 1. Do a  | anv creditors                           | have claims secured by        | vour property?  |               |   |                          |                     |
| _        |   | •                             | is form to the court with your other sch                              | odulos Voi    | , have nothing also to re                 | port on this form        |                     |
|          |   |                               | •   | Buules. 100   | a nave nothing else to rep                | DOIT OH THIS TOTHI.      |                     |
|          | Yes. Fill in                            | all of the information b      | elow.   |               |   |                          |                     |
| Part     | 1: List Al                              | I Secured Claims              |   |               |   |                          |                     |
| 2. Lis   | st all secured                          | claims. If a creditor has r   | nore than one secured claim, list the credito                         | or separately | Column A                                  | Column B                 | Column C            |
| for ea   | ach claim. If m                         | ore than one creditor has     | a particular claim, list the other creditors in                       | Part 2. As    | Amount of claim                           | Value of collateral      | Unsecured           |
| much     | as possible, li                         | st the claims in alphabeti    | cal order according to the creditor 's name.                          |               | Do not deduct the<br>value of collateral. | that supports this claim | portion<br>If any   |
|          | Antonucc                                | i's Wholesale                 |   |               | value of collateral.                      | Ciaiiii                  | папу                |
| 2.1      | Restaurar                               |                               | Describe the property that secures the                                | eclaim:       | \$3,123.00                                | \$119,000.00             | \$3,123.00          |
|          | Creditor's Name                         | 9                             | 45 Mill Dam Rd, East Berne, N   | ٧Y            |   |                          |                     |
|          |   |                               | 12059-2129  |               |   |                          |                     |
|          | 274 S Mai                               | n St                          | Primary Residence   |               |   |                          |                     |
|          | Gloversvi                               |                               | As of the date you file, the claim is: Chapply.                       | eck all that  |   |                          |                     |
|          | 12078-420                               | ·                             | Contingent  |               |   |                          |                     |
| •        | Number, Street                          | , City, State & Zip Code      | ☐ Unliquidated  |               |   |                          |                     |
|          | , | , . ,, ,                      | ☐ Disputed  |               |   |                          |                     |
| Who      | owes the de                             | bt? Check one.                | Nature of lien. Check all that apply.                                 |               |   |                          |                     |
| ■ De     | ebtor 1 only                            |                               | ■ An agreement you made (such as mo                                   | ortnane or se | cured                                     |                          |                     |
| _        | ebtor 2 only                            |                               | car loan)   | intgago or oc | ourou                                     |                          |                     |
| _        | ebtor 1 and De                          | ebtor 2 only                  | ☐ Statutory lien (such as tax lien, mecha                             | anic's lien)  |   |                          |                     |
|          |   | ne debtors and another        |   | x 0,          |   |                          |                     |
| _        |   |                               | ■ Judgment lien from a lawsuit  ☐ Other (including a right to offset) |               |   |                          |                     |
|          | ommunity de                             | aim relates to a<br>bt        | Other (including a right to offset)                                   |               |   |                          |                     |
|          |   |                               |   |               |   |                          |                     |
| Date     | debt was incu                           | urred                         | Last 4 digits of account number                                       | r <u>11GL</u> | <u>-</u>                                  |                          |                     |
|          |   |                               |   |               |   |                          |                     |
| 2.2      | Christiana                              | a Trust                       | Describe the property that secures the                                | claim:        | \$79,393.61                               | \$119,000.00             | \$79,393.61         |
|          | Creditor's Name                         | •                             | 45 Mill Dam Rd, East Berne, N   | 1Y            |   |                          |                     |
|          |   |                               | 12059-2129  |               |   |                          |                     |
|          | 500 Delay                               | vare Ave                      | Primary Residence   |               |   |                          |                     |
|          | Wilmingto                               |                               | As of the date you file, the claim is: Chapply.                       | eck all that  |   |                          |                     |
|          | 19801-149                               |                               | ☐ Contingent  |               |   |                          |                     |
| •        | Number, Street                          | , City, State & Zip Code      | ☐ Unliquidated  |               |   |                          |                     |
|          |   |                               | ☐ Disputed  |               |   |                          |                     |
| Who      | owes the de                             | bt? Check one.                | Nature of lien. Check all that apply.                                 |               |   |                          |                     |
| ■ De     | ebtor 1 only                            |                               | ■ An agreement you made (such as mo                                   | ortgage or se | ecured                                    |                          |                     |
| _        | ebtor 2 only                            |                               | car loan)   | gago o. oc    |   |                          |                     |
| _        | ebtor 1 and De                          | ebtor 2 only                  | ☐ Statutory lien (such as tax lien, mecha                             | anic's lien)  |   |                          |                     |
|          |   | ne debtors and another        | ☐ Judgment lien from a lawsuit  | 3 11011)      |   |                          |                     |
| _        |   | aim relates to a              | Other (including a right to offset)                                   |               |   |                          |                     |
|          | ommunity de                             |                               |   |               |   |                          |                     |
| _        |   |                               |   |               |   |                          |                     |
| Date     | debt was incu                           | urred                         | Last 4 digits of account number                                       | r <u>5015</u> |   |                          |                     |

Schedule D: Creditors Who Have Claims Secured by Property

Official Form 106D

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 24 of 57

| Debtor 1 Michael J. Bauer                         |   | Case number (if know) |              |              |
|---|---|-----------------------|--------------|--------------|
| First Name Middle N                               | Name Last Name  |                       |              |              |
|   |   |                       |              |              |
| 2.3 PNC Bank, N.A.                                | Describe the property that secures the claim:                           | \$15,000.00           | \$119,000.00 | \$0.00       |
| Creditor's Name                                   | 45 Mill Dam Rd, East Berne, NY  |                       |              |              |
|   | 12059-2129  |                       |              |              |
| PO Box 5570                                       | Primary Residence   |                       |              |              |
| Cleveland, OH                                     | As of the date you file, the claim is: Check all that apply.            |                       |              |              |
| 44101-0570  | Contingent  |                       |              |              |
| Number, Street, City, State & Zip Code            | ☐ Unliquidated  |                       |              |              |
|   | ☐ Disputed  |                       |              |              |
| Who owes the debt? Check one.                     | Nature of lien. Check all that apply.                                   |                       |              |              |
| Debtor 1 only                                     | An agreement you made (such as mortgage or sec                          | ured                  |              |              |
| Debtor 2 only                                     | car loan)   |                       |              |              |
| Debtor 1 and Debtor 2 only                        | ☐ Statutory lien (such as tax lien, mechanic's lien)                    |                       |              |              |
| ☐ At least one of the debtors and another         | ☐ Judgment lien from a lawsuit  |                       |              |              |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset)                                     |                       |              |              |
| Date debt was incurred                            | Last 4 digits of account number 4792                                    |                       |              |              |
| 2.4 Selene Finance                                | Describe the property that secures the claim:                           | \$90,000.00           | \$119,000.00 | \$90,000.00  |
| Creditor's Name                                   | 45 Mill Dam Rd, East Berne, NY  |                       |              |              |
|   | 12059-2129  |                       |              |              |
|   | Primary Residence As of the date you file, the claim is: Check all that |                       |              |              |
| PO Box 422039                                     | apply.  |                       |              |              |
| Houston, TX 77242-4239                            | ☐ Contingent  |                       |              |              |
| Number, Street, City, State & Zip Code            | Unliquidated  |                       |              |              |
|   | Disputed  |                       |              |              |
| Who owes the debt? Check one.                     | Nature of lien. Check all that apply.                                   |                       |              |              |
| Debtor 1 only                                     | An agreement you made (such as mortgage or sec                          | ured                  |              |              |
| Debtor 2 only                                     | car loan)   |                       |              |              |
| Debtor 1 and Debtor 2 only                        | ☐ Statutory lien (such as tax lien, mechanic's lien)                    |                       |              |              |
| At least one of the debtors and another           | ☐ Judgment lien from a lawsuit  |                       |              |              |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset)                                     |                       |              |              |
| Date debt was incurred                            | Last 4 digits of account number 3708                                    |                       |              |              |
| 2.5 Trustco Bank, N.A.                            | Describe the property that secures the claim:                           | \$225,000.00          | \$119,000.00 | \$121,000.00 |
| Creditor's Name                                   | 45 Mill Dam Rd, East Berne, NY  |                       |              |              |
|   | 12059-2129  |                       |              |              |
| PO Box 1047                                       | Primary Residence   |                       |              |              |
| Schenectady, NY                                   | As of the date you file, the claim is: Check all that apply.            |                       |              |              |
| 12301-1047  | ☐ Contingent  |                       |              |              |
| Number, Street, City, State & Zip Code            | ☐ Unliquidated  |                       |              |              |
|   | ☐ Disputed  |                       |              |              |
| Who owes the debt? Check one.                     | Nature of lien. Check all that apply.                                   |                       |              |              |
| Debtor 1 only                                     | An agreement you made (such as mortgage or sec                          | ured                  |              |              |
| Debtor 2 only                                     | car loan)   |                       |              |              |
| Debtor 1 and Debtor 2 only                        | ☐ Statutory lien (such as tax lien, mechanic's lien)                    |                       |              |              |
| ☐ At least one of the debtors and another         | ■ Judgment lien from a lawsuit  |                       |              |              |
| ☐ Check if this claim relates to a community debt | ☐ Other (including a right to offset)                                   |                       |              |              |
| Date debt was incurred                            | Last 4 digits of account number 0255                                    |                       |              |              |

# Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 25 of 57

|                  |  |                                       | Becament 1                       | age 20 e. e.                          |  |
|------------------|--|---------------------------------------|----------------------------------|---------------------------------------|--|
| Debto            | r 1 Michael J. Bauer                                     |                                       |                                  | Case number (if know)                 |  |
|                  | First Name Mi  | ddle Name                             | Last Name                        |                                       |  |
| Add th           | e dollar value of your entries i                         | n Column A on th                      | is page. Write that number he    | re: \$412,516                         | 6.61   |
|                  | is the last page of your form, a                         | dd the dollar valu                    | e totals from all pages.         | \$412,516                             |  |
|                  |  |                                       |                                  |                                       |  |
| Part 2           | List Others to Be Notifie                                | d for a Debt Tha                      | at You Already Listed            |                                       |  |
| trying<br>than o | to collect from you for a debt y                         | ou owe to someo<br>that you listed in | ne else, list the creditor in Pa | rt 1, and then list the collection ag | For example, if a collection agency is gency here. Similarly, if you have more ditional persons to be notified for any |
| П                |  |                                       |                                  |                                       |  |
|                  | Name, Number, Street, City, Sta<br>Albany County Clerk's |                                       |                                  | On which line in Part 1 did you e     | enter the creditor? 2.4  |
|                  | ATTN: Supreme Court                                      | Onice                                 |                                  | Last 4 digits of account number       | 3708   |
|                  | 16 Eagle St Rm 128                                       |                                       |                                  | -                                     |  |
|                  | Albany, NY 12207-1011                                    |                                       |                                  |                                       |  |
|                  |  |                                       |                                  |                                       |  |
| ш                | Name, Number, Street, City, Sta                          | •                                     |                                  | On which line in Part 1 did you e     | enter the creditor? 2.2  |
|                  | Albany County Clerk's 16 Eagle St Rm 128                 | Office                                |                                  | Last 4 digits of account number       | 5015   |
|                  | Albany, NY 12207-1011                                    |                                       |                                  | Last 1 digits of account names        |  |
| $\overline{}$    |  |                                       |                                  |                                       |  |
| Ш                | Name, Number, Street, City, Sta                          |                                       |                                  | On which line in Part 1 did you e     | enter the creditor? 2.4  |
|                  | Berkman, Henoch, Pete                                    | erson, et. al.                        |                                  |                                       |  |
|                  | 100 Garden City Plz<br>Garden City, NY 11530             | .3203                                 |                                  | Last 4 digits of account number       | 3708_  |
|                  | - Caracii Oity, iti 11000                                |                                       |                                  |                                       |  |
|                  | Name, Number, Street, City, Sta                          | te & Zin Code                         |                                  | 0 1:15 : 5 : 4 51                     |  |
|                  | Berkman, Henoch, Peter                                   | •                                     |                                  | On which line in Part 1 did you e     | enter the creditor?  |
|                  | ·  |                                       |                                  | Last 4 digits of account number       | <u>5015</u>  |
|                  |  |                                       |                                  |                                       |  |
| ш                | Name, Number, Street, City, Sta                          | •                                     |                                  | On which line in Part 1 did you e     | enter the creditor?2.1   |
|                  | Fulton County Clerk's (<br>223 W Main St                 | Office                                |                                  | Last 4 digits of account number       | 11GI   |
|                  | Johnstown, NY 12095-2                                    | 2309                                  |                                  | Last 4 digits of account number       |  |
|                  |  |                                       |                                  |                                       |  |
| Ш                | Name, Number, Street, City, Sta                          | ite & Zip Code                        |                                  | On which line in Part 1 did you e     | enter the creditor? 2.5  |
|                  | Saratoga County Clerk                                    | 's Office                             |                                  | •                                     | <del></del>  |
|                  | 30 McMaster St   |                                       |                                  | Last 4 digits of account number       | <u>0255</u>  |

Ballston Spa, NY 12020-1981

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main

|                     |  |   | Document   | Page                            | 26 of        | 57                         |                    |           |                           |           |
|---------------------|--|---|--|---------------------------------|--------------|----------------------------|--------------------|-----------|---------------------------|-----------|
| Filli               | in this inform                                     | ation to identify your case:  |  |                                 |              |                            |                    |           |                           |           |
| Deb                 | tor 1  | Michael J. Bauer  |  |                                 |              |                            |                    |           |                           |           |
|                     |  | First Name  | Middle Name  | Last Nar                        | ne           | _                          | )                  |           |                           |           |
|                     | tor 2<br>use if, filing)                           | First Name  | Middle Name  | Last Nan                        | ne           |                            |                    |           |                           |           |
| Unit                | ed States Bar                                      | kruptcy Court for the: NC   | RTHERN DISTRICT OF N   | EW YORK                         | , ALBANY     | DIVISION                   |                    |           |                           |           |
| Cas<br>(if kno      | e number   |   |  |                                 |              |                            |                    |           | if this is a<br>ed filing | n         |
| Offi                | icial Form   | 106E/F  |  |                                 |              |                            |                    |           |                           |           |
|                     |  | /F: Creditors Who   | <b>Have Unsecured</b>  | l Claim                         | s            |                            |                    |           | 12/1                      | 5         |
| : Cr<br>ne C<br>ase | editors Who Ha<br>ontinuation Pa<br>number (if kno | ory Contracts and Unexpired L<br>ave Claims Secured by Propert<br>ge to this page. If you have no<br>wn).<br>I of Your PRIORITY Unsecu            | y. If more space is needed, coinformation to report in a Par           | opy the Pa                      | rt you need  | l, fill it out, number the | e entries in 1     | he boxes  | on the lef                | t. Attach |
| 1.                  |  | rs have priority unsecured clai   |  |                                 |              |                            |                    |           |                           |           |
|                     | No. Go to Pa                                       | art 2.  |  |                                 |              |                            |                    |           |                           |           |
|                     | Yes.   |   |  |                                 |              |                            |                    |           |                           |           |
| i                   | identify what typ<br>possible, list the            | priority unsecured claims. If a see of claim it is. If a claim has both claims in alphabetical order accorder creditor holds a particular claims. | n priority and nonpriority amoun<br>ording to the creditor 's name. It | nts, list that<br>If you have r | claim here a | and show both priority a   | nd nonpriorit      | y amounts | s. As much                | as        |
| (                   | (For an explana                                    | tion of each type of claim, see the   | e instructions for this form in the                                    | e instruction                   | booklet.)    | Total claim                | Priority<br>amount |           | Nonprior amount           | ity       |
| 2.1                 |  | Revenue Service   | Last 4 digits of accou   | unt number                      | 4870         | unknown                    |                    | \$0.00    |                           | \$0.00    |
|                     | Priority Cre                                       | editor's Name   | When was the debt in   | ncurred?                        |              |                            |                    |           |                           |           |
|                     | Number St  | I, CT 06176-7004<br>reet City State Zlp Code  | As of the date you file  | e, the clain                    | is: Check    | all that apply             | _                  |           |                           |           |
|                     | _  | the debt? Check one.  | ☐ Contingent   |                                 |              |                            |                    |           |                           |           |
|                     | Debtor 1 or  | nly   | ☐ Unliquidated   |                                 |              |                            |                    |           |                           |           |
|                     | Debtor 2 or  | nly   | ☐ Disputed   |                                 |              |                            |                    |           |                           |           |
|                     | Debtor 1 ar  | nd Debtor 2 only  | Type of PRIORITY un  | secured cl                      | aim:         |                            |                    |           |                           |           |
|                     | At least one                                       | e of the debtors and another  | ☐ Domestic support of  | obligations                     |              |                            |                    |           |                           |           |
|                     | ☐ Check if th                                      | nis claim is for a community de   | ebt Taxes and certain of   | other debts                     | you owe the  | e government               |                    |           |                           |           |
|                     | Is the claim s                                     | ubject to offset?   | Claims for death or  | r personal in                   | jury while y | ou were intoxicated        |                    |           |                           |           |
|                     | ■ No   |   | Other. Specify   |                                 |              |                            |                    |           |                           |           |
|                     | ☐ Yes  |   | T  | ax Lien                         |              |                            |                    |           |                           |           |

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 27 of 57

| Debtor 1 Bauer, Michael J.   | ———————  | Case n         | number (f know)             |                            |                            |
|--|--|----------------|-----------------------------|----------------------------|----------------------------|
| NYS Department of Taxation & Finance   | Last 4 digits of account number                          | 4870           | \$65,000.00                 | \$65,000.00                | \$0.00                     |
| Priority Creditor's Name ATTN: Bankruptcy Section PO Box 5300  | When was the debt incurred?                              |                |                             |                            |                            |
| Albany, NY 12205-0300  Number Street City State Zlp Code   | As of the date you file, the claim i                     | s: Check all   | that apply                  |                            |                            |
| Who incurred the debt? Check one.  | ☐ Contingent   |                |                             |                            |                            |
| Debtor 1 only  | ☐ Unliquidated   |                |                             |                            |                            |
| ☐ Debtor 2 only  | ☐ Disputed   |                |                             |                            |                            |
| ☐ Debtor 1 and Debtor 2 only   | Type of PRIORITY unsecured claim                         | m:             |                             |                            |                            |
| ☐ At least one of the debtors and another  | ☐ Domestic support obligations                           |                |                             |                            |                            |
| ☐ Check if this claim is for a community debt  | ■ Taxes and certain other debts ye                       | ou owe the q   | overnment                   |                            |                            |
| Is the claim subject to offset?  | Claims for death or personal inju                        | ıry while you  | were intoxicated            |                            |                            |
| ■ No   | Other. Specify   |                |                             |                            |                            |
| Yes  | Tax Lien   |                |                             |                            |                            |
| <ol> <li>List all of your nonpriority unsecured claims in the<br/>unsecured claim, list the creditor separately for each cl<br/>than one creditor holds a particular claim, list the other<br/>2.</li> </ol> | aim. For each claim listed, identify wha                 | at type of cla | im it is. Do not list claim | s already included in Part | 1. If more<br>Page of Part |
| 4.1 Caine & Weiner   | Last 4 digits of account number                          | er <u>4934</u> |                             |                            | \$124.00                   |
| Nonpriority Creditor's Name  | When was the debt incurred?                              |                |                             |                            |                            |
| 15025 Oxnard St Ste 100 Van Nuys, CA 91411-2640 Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the clai                        | m is: Check    | all that apply              |                            |                            |
| ■ Debtor 1 only  | ☐ Contingent   |                |                             |                            |                            |
| Debtor 2 only  | ☐ Unliquidated   |                |                             |                            |                            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |                |                             |                            |                            |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecu                               | red claim:     |                             |                            |                            |
| ☐ Check if this claim is for a community   | ☐ Student loans  |                |                             |                            |                            |
| debt Is the claim subject to offset?   | Obligations arising out of a sereport as priority claims | eparation agi  | reement or divorce that     | you did not                |                            |
| ■ No   | Debts to pension or profit-sha                           | aring plans, a | and other similar debts     |                            |                            |
| Yes  | Other, Specify   |                |                             |                            |                            |

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 28 of 57
Case number (f know)

Debtor 1 Bauer, Michael J. \$30,694.00 4.2 **Capital Communications FCU** Last 4 digits of account number 4330 Nonpriority Creditor's Name When was the debt incurred? 18 Computer Dr E Albany, NY 12205-1289 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Repossession ☐ Yes 4.3 Citibank/Exxon Last 4 digits of account number 7559 \$2,214.00 Nonpriority Creditor's Name When was the debt incurred? PO Box 6497 Sioux Falls, SD 57117-6497 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.4 **County Waste** Last 4 digits of account number \$186.00 nown Nonpriority Creditor's Name When was the debt incurred? PO Box 431 Clifton Park, NY 12065-0431 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed  $\square$  At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans  $\square$  Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 29 of 57
Case number (f know)

Debtor 1 Bauer, Michael J. \$173.00 4.5 **DirecTV** Last 4 digits of account number 5878 Nonpriority Creditor's Name When was the debt incurred? PO Box 9001069 Louisville, KY 40290-1069 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.6 Earth n Sea Last 4 digits of account number nown \$2,600.00 Nonpriority Creditor's Name When was the debt incurred? 3757 Richville Rd Manchester Center, VT 05255-9689 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.7 **EOS CCA** Last 4 digits of account number \$1,697.00 2613 Nonpriority Creditor's Name When was the debt incurred? PO Box 981025 Boston, MA 02298-1025 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 30 of 57
Case number (f know)

| Debtor | 1 Bauer, Michael J.   | Case number (f know)  |                  |
|--------|---|---|------------------|
| 4.8    | ERE Group, Inc.   | Last 4 digits of account number nown  | unknown          |
|        | Nonpriority Creditor's Name ATTN: Patrick C. Fiore 6 Century Hill Dr                        | When was the debt incurred?   |                  |
|        | Latham, NY 12110-6108  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |                  |
|        | Debtor 1 only   | ☐ Contingent  |                  |
|        | ☐ Debtor 2 only   | ☐ Unliquidated  |                  |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |                  |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |                  |
|        | ☐ Check if this claim is for a community  | ☐ Student loans   |                  |
|        | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                  |
|        | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |                  |
|        | □Yes  | ■ Other. Specify Prior Commercial Foreclosure   |                  |
| 4.9    | HSBC Card Services  | Last 4 digits of account number nown  | \$1,920.00       |
|        | Nonpriority Creditor's Name   | <del></del>   | <b>VI,020.00</b> |
|        | DO D 47054  | When was the debt incurred?   |                  |
|        | PO Box 17051<br>Baltimore, MD 21297-1051  |   |                  |
|        | Number Street City State ZIp Code   | As of the date you file, the claim is: Check all that apply   |                  |
|        | Who incurred the debt? Check one.   |   |                  |
|        | Debtor 1 only   | ☐ Contingent  |                  |
|        | Debtor 2 only   | ☐ Unliquidated  |                  |
|        | Debtor 1 and Debtor 2 only  | ☐ Disputed  |                  |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |                  |
|        | ☐ Check if this claim is for a community  | ☐ Student loans   |                  |
|        | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                  |
|        | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |                  |
|        | Yes   | Other. Specify  |                  |
|        | Overton Bussell Beam 9  |   |                  |
| 4.10   | Overton, Russell, Doerr &<br>Donovan, LLP<br>Nonpriority Creditor's Name                    | Last 4 digits of account number nown  | unknown          |
|        | Trompriority Grounds of Training  | When was the debt incurred?   |                  |
|        | 19 Executive Park Dr  |   |                  |
|        | Clifton Park, NY 12065-5631  Number Street City State Zlp Code                              | As at the date way file the plains in Charle III that such  |                  |
|        | Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply   |                  |
|        |   | П   |                  |
|        | Debtor 1 only   | ☐ Contingent  |                  |
|        | Debtor 2 only   | ☐ Unliquidated  |                  |
|        | Debtor 1 and Debtor 2 only  | ☐ Disputed  |                  |
|        | At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |                  |
|        | ☐ Check if this claim is for a community  | ☐ Student loans   |                  |
|        | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                  |
|        | No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |                  |
|        |   |   |                  |
|        | Yes   | Other. Specify  |                  |

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 31 of 57

Debtor 1 Bauer, Michael J. Case number (if know) \$1,940.00 4.11 **Pinnacle Credit Services** Last 4 digits of account number P235 Nonpriority Creditor's Name When was the debt incurred? **PO Box 640** Hopkins, MN 55343-0640 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.12 Last 4 digits of account number \$1.00 Sears nown Nonpriority Creditor's Name When was the debt incurred? PO Box 6282 Sioux Falls, SD 57117-6282 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.13 Last 4 digits of account number \$11,791.00 Sears 6175 Nonpriority Creditor's Name When was the debt incurred? PO Box 6282 Sioux Falls, SD 57117-6282 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 32 of 57

| Debic | Bauer, Michael J.  | Case number (r know)  |              |
|-------|--|---|--------------|
| 4.14  | Trustco Bank, N.A.  Nonpriority Creditor's Name                | Last 4 digits of account number 5278  | \$535,292.00 |
|       | Transplacing Gradition of Training                             | When was the debt incurred?   |              |
|       | PO Box 1047  |   |              |
|       | Schenectady, NY 12301-1047  Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |              |
|       | Who incurred the debt? Check one.                              |   |              |
|       | Debtor 1 only  | ☐ Contingent  |              |
|       | Debtor 2 only  | □ Unliquidated  |              |
|       | Debtor 1 and Debtor 2 only                                     | ☐ Disputed  |              |
|       | ☐ At least one of the debtors and another                      | Type of NONPRIORITY unsecured claim:  |              |
|       | ☐ Check if this claim is for a community                       | ☐ Student loans   |              |
|       | debt   | $\square$ Obligations arising out of a separation agreement or divorce that you did not                 |              |
|       | Is the claim subject to offset?                                | report as priority claims   |              |
|       | ■ No   | Debts to pension or profit-sharing plans, and other similar debts                                       |              |
|       | ☐ Yes  | ■ Other. Specify Prior Residential Foreclosure  |              |
| 4.15  | Trustco Bank, N.A.   | Last 4 digits of account number nown  | \$75,000.00  |
|       | Nonpriority Creditor's Name                                    | When was the debt incurred?   |              |
|       | PO Box 1047  | when was the dept incurred?   |              |
|       | Schenectady, NY 12301-1047                                     |   |              |
|       | Number Street City State ZIp Code                              | As of the date you file, the claim is: Check all that apply   |              |
|       | Who incurred the debt? Check one.                              | _   |              |
|       | Debtor 1 only  | ☐ Contingent  |              |
|       | Debtor 2 only  | Unliquidated  |              |
|       | ☐ Debtor 1 and Debtor 2 only                                   | ☐ Disputed  |              |
|       | At least one of the debtors and another                        | Type of NONPRIORITY unsecured claim:  ☐ Student loans   |              |
|       | ☐ Check if this claim is for a community debt                  |   |              |
|       | Is the claim subject to offset?                                | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |              |
|       | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                     |              |
|       | Yes  | ■ Other. Specify Prior Residential Foreclosure  |              |
| 4.40  |  |   |              |
| 4.16  | US Foods Nonpriority Creditor's Name                           | Last 4 digits of account number nown  | \$10,000.00  |
|       | ,  | When was the debt incurred?   |              |
|       | 755 Pierce Rd  |   |              |
|       | Clifton Park, NY 12065-1302  Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply   |              |
|       | Who incurred the debt? Check one.                              |   |              |
|       | Debtor 1 only  | ☐ Contingent  |              |
|       | Debtor 2 only  | ☐ Unliquidated  |              |
|       | Debtor 1 and Debtor 2 only                                     | ☐ Disputed  |              |
|       | ☐ At least one of the debtors and another                      | Type of NONPRIORITY unsecured claim:  |              |
|       | ☐ Check if this claim is for a community                       | ☐ Student loans   |              |
|       | debt   | Obligations arising out of a separation agreement or divorce that you did not                           |              |
|       | Is the claim subject to offset?                                | report as priority claims   |              |
|       | ■ No   | Debts to pension or profit-sharing plans, and other similar debts                                       |              |
|       | Yes  | Other. Specify  |              |

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 33 of 57

| Debtor 1        | Bauer, M                       | ichael J.   | —————   | 55                                     | Case n     | umber (if    | know)                                |                   |  |  |
|-----------------|--------------------------------|---|---|--|------------|--------------|--------------------------------------|-------------------|--|--|
|                 | Verizon Wi                     |   | Last 4 digits of account number   | er                                     | 8893       |              |                                      | \$145.00          |  |  |
|                 | Nonpriority Cre                | ditor's Name  | When were the debt incorred?  |  |            |              |                                      |                   |  |  |
|                 | PO Box 26                      | 055   | When was the debt incurred?   |  |            |              |                                      |                   |  |  |
|                 |                                | is, MN 55426-0055   |   |  |            |              |                                      |                   |  |  |
|                 |                                | City State Zlp Code   | As of the date you file, the clai   | im is                                  | : Check    | all that ap  | pply                                 |                   |  |  |
| ,               | Who incurred                   | the debt? Check one.  |   |  |            |              |                                      |                   |  |  |
|                 | ■ Debtor 1 on                  | ly  | ☐ Contingent  |  |            |              |                                      |                   |  |  |
|                 | Debtor 2 on                    | lv  | ☐ Unliquidated  |  |            |              |                                      |                   |  |  |
|                 |                                | d Debtor 2 only   | ☐ Disputed  |  |            |              |                                      |                   |  |  |
|                 |                                | of the debtors and another                                    | Type of NONPRIORITY unsecu  | ıred                                   | claim:     |              |                                      |                   |  |  |
|                 |                                |   | Student loans   | ai cu                                  | Ciaiii.    |              |                                      |                   |  |  |
|                 | L Check if th<br>debt          | is claim is for a community                                   | ☐ Obligations arising out of a se   |  |            |              | r divorce that you did not           |                   |  |  |
|                 |                                | bject to offset?  | report as priority claims   | ерага                                  | alion agi  | reement o    | r divorce that you did not           |                   |  |  |
|                 | ■ No                           | •   | ☐ Debts to pension or profit-sha  | arina                                  | plans, a   | and other    | similar debts                        |                   |  |  |
|                 |                                |   | ·   | 3                                      | p , .      |              |                                      |                   |  |  |
|                 | ☐ Yes                          |   | Other. Specify  |  |            |              |                                      |                   |  |  |
| Part 3:         | List Other                     | s to Be Notified About a Dek                                  | ot That You Already Listed  |  |            |              |                                      |                   |  |  |
| is trying       | g to collect fro               | om you for a debt you owe to so                               | about your bankruptcy, for a debt that<br>omeone else, list the original creditor<br>at you listed in Parts 1 or 2, list the ac<br>or submit this page. | in P                                   | arts 1 c   | r 2, then    | list the collection agency here.     | Similarly, if you |  |  |
| Name and        | d Address                      |   | On which entry in Part 1 or Part 2 did y  |  |            | •            |                                      |                   |  |  |
| Nation          |                                |   | Line 4.7 of (Check one):  | ne <u>4.7</u> of ( <i>Check one</i> ): |            |              |                                      |                   |  |  |
| 300 Erie Blvd W |                                | 000 4004  |   |  | Part 2: (  | Creditors v  | vith Nonpriority Unsecured Claims    | 3                 |  |  |
| Syracu          | se, NY 132                     | 02-4201   | Last 4 digits of account number   |  | 26         | 613          |                                      |                   |  |  |
| Name and        | d Address                      |   | On which entry in Part 1 or Part 2 did y  | /ou li                                 | ist the or | riginal cred | titor?                               |                   |  |  |
|                 | axation and                    | l Finance   | Line <b>2.2</b> of (Check one):   |  |            | •            | vith Priority Unsecured Claims       |                   |  |  |
|                 | Kathleen C                     |   | ☐ Part 2: Creditors with Nonpriority Unsecured Claims   |  |            |              |                                      |                   |  |  |
|                 | d Niskayun                     |   |   |  | r art z. t | orounoro i   | viai reoripriority oriodourou olaini |                   |  |  |
| Lathan          | n, NY 12110                    | )-2214  | ast 4 digits of account number 4870   |  |            |              |                                      |                   |  |  |
|                 |                                |   | Last 4 digits of account number   |  | 40         | 570          |                                      |                   |  |  |
| Part 4:         | Add the A                      | mounts for Each Type of Ur                                    | secured Claim   |  |            |              |                                      |                   |  |  |
|                 | ne amounts of<br>unsecured cla |   | ims. This information is for statistica   | al rep                                 | oorting    | purposes     | only. 28 U.S.C. §159. Add the a      | mounts for each   |  |  |
|                 |                                |   |   |  |            |              | Total Claim                          |                   |  |  |
|                 | 6a.                            | Domestic support obligation                                   | s   |  | 6a.        | \$           | 0.00                                 |                   |  |  |
| Total clai      |                                | Taxes and certain other debt                                  | s you owe the government  |  | 6b.        | œ.           | CE 000 00                            |                   |  |  |
| IIOIII Fa       | 6c.                            |   | injury while you were intoxicated   |  | 6c.        | \$           | 65,000.00<br>0.00                    |                   |  |  |
|                 | 6d.                            | •   | secured claims. Write that amount here  |  | 6d.        | \$ —         | 0.00                                 |                   |  |  |
|                 |                                | у по                      |   |  |            | Ψ            | 0.00                                 |                   |  |  |
|                 | 6e.                            | Total Priority. Add lines 6a thr                              | rough 6d  |  | 6e.        | •            | CE 000 00                            |                   |  |  |
|                 | 06.                            | Total Friority. Add lines oa tili                             | ough ou.  |  | oe.        | \$           | 65,000.00                            |                   |  |  |
|                 |                                |   |   |  |            |              | Total Claim                          |                   |  |  |
|                 | 6f.                            | Student loans   |   |  | 6f.        | \$           | Total Claim 0.00                     |                   |  |  |
| Total clai      |                                |   |   |  |            |              | 0.00                                 |                   |  |  |
| from Pa         | <b>rt 2</b> 6g.                | Obligations arising out of a s you did not report as priority | paration agreement or divorce that  |  | 6g.        | \$           | 0.00                                 |                   |  |  |
|                 | 6h.                            |   | paring plans, and other similar debts   |  | 6h.        | \$           | 0.00                                 |                   |  |  |
|                 | 6i.                            |   | unsecured claims. Write that amount   |  | 6i.        |              | 673,777.00                           |                   |  |  |
|                 |                                | here.   |   |  |            | \$           | 013,111.00                           |                   |  |  |
|                 | 6j.                            | Total Nonpriority. Add lines 6                                | f through 6i.   |  | 6j.        | \$           | 673,777.00                           |                   |  |  |

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main

| Fill in this infor  | mation to identify your  | case:             |                              |
|---------------------|--------------------------|-------------------|------------------------------|
| Debtor 1            | Michael J. Bauer         | ,                 |                              |
|                     | First Name               | Middle Name       | Last Name                    |
| Debtor 2            |                          |                   |                              |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name                    |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF NEW YORK, ALBANY DIVISION |
| Case number         |                          |                   |                              |
| (if known)          |                          |                   |                              |
|                     |                          |                   |                              |

### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | r company with<br>Name, Numbe | whom you have the cr, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------------------------|---|-------------------|---|
| 2.1 |           |                               |   |                   |   |
|     | Name      |                               |   |                   | <del>_</del>                            |
|     | Number    | Street                        |   |                   | _                                       |
|     | City      |                               | State   | ZIP Code          |   |
| 2.2 |           |                               |   |                   |   |
|     | Name      |                               |   |                   |   |
|     | Number    | Street                        |   |                   |   |
|     | City      |                               | State   | ZIP Code          | <del>_</del>                            |
| 2.3 |           |                               |   |                   |   |
|     | Name      |                               |   |                   | <del>_</del>                            |
|     | Number    | Street                        |   |                   | <u> </u>                                |
|     | City      |                               | State   | ZIP Code          |   |
| 2.4 |           |                               |   |                   |   |
|     | Name      |                               |   |                   | <u> </u>                                |
|     | Number    | Street                        |   |                   | _                                       |
|     | City      |                               | State   | ZIP Code          |   |
| 2.5 |           |                               |   |                   |   |
|     | Name      |                               |   |                   | <del></del>                             |
|     | Number    | Street                        |   |                   | <u> </u>                                |
|     | City      |                               | State   | ZIP Code          | <del>-</del>                            |
|     |           |                               |   |                   |   |

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main

|                         |   | Docume                         | nt Page 35 c              | of 57   |                 |
|-------------------------|---|--------------------------------|---------------------------|---|-----------------|
| Fill in this inf        | ormation to identify your c   | ase:                           |                           |   |                 |
| Debtor 1                | Michael J. Bauer  |                                |                           |   |                 |
| DODIOI 1                | First Name  | Middle Name                    | Last Name                 |   |                 |
| Debtor 2                |   |                                |                           |   |                 |
| (Spouse if, filing)     | First Name  | Middle Name                    | Last Name                 |   |                 |
| United States           | Bankruptcy Court for the:   | NORTHERN DISTRICT              | OF NEW YORK, ALBA         | NY DIVISION   |                 |
| Case number             |   |                                |                           |   |                 |
| (if known)              |   |                                |                           | ☐ Check if this   | is an           |
|                         |   |                                |                           | amended fili  | ng              |
| Schedu<br>Codebtors are | ther, both are equally response   | also liable for any debte      | rrect information. If mo  | complete and accurate as possible. If two ma<br>ore space is needed, copy the Additional Page<br>. On the top of any Additional Pages, write yo   | e, fill it out, |
|                         | (if known). Answer every q  |                                | 0 , 0                     | , , , , ,   |                 |
| 1. Do you               | u have any codebtors? (If yo  | ou are filing a joint case, do | not list either spouse as | a codebtor.   |                 |
| ■ No<br>□ Yes           |   |                                |                           |   |                 |
| California  No. Go      | the last 8 years, have you and the last 8 years, have you and the last 8 years, have you are the last 9 years, have you are | New Mexico, Puerto Rico,       | Texas, Washington, an     | ? (Community property states and territories incl<br>d Wisconsin.)  | ude Arizona,    |
| line 2 aga              | ain as a codebtor only if the<br>chedule E/F (Official Form 1   | at person is a guarantor       | or cosigner. Make sure    | f your spouse is filing with you. List the person<br>you have listed the creditor on Schedule D (one of the control of the contro | Official Forn   |
|                         | lumn 1: Your codebtor<br>ne, Number, Street, City, State and Zlf  | <sup>2</sup> Code              |                           | Column 2: The creditor to whom you owe Check all schedules that apply:  | the debt        |
|                         |   |                                |                           | <b>D</b>  |                 |
| 3.1 Nan                 | ne  |                                |                           | □ Schedule D, line  |                 |
| 1401                    |   |                                |                           | ☐ Schedule E/F, line  |                 |
|                         |   |                                |                           | Schedule G, line  |                 |
| Nun<br>City             | nber Street   | State                          | ZIP Code                  | _   |                 |
|                         |   |                                |                           |   |                 |
| 3.2                     |   |                                |                           | Schedule D, line  |                 |
| Nar                     | ne  |                                |                           | Schedule E/F, line  |                 |
|                         |   |                                |                           | ☐ Schedule G, line  |                 |
| Nur                     | nber Street   |                                |                           | _   |                 |
| City                    |   | State                          | ZIP Code                  |   |                 |

Official Form 106H Software Copyright (c) 1996-2016 CIN Group - www.cincompass.com

# Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 36 of 57

| Eill               | in this information to identify your cas  | 20:  |   |                              |                | 1                               |             |                           |                              |              |
|--------------------|---|--|---|------------------------------|----------------|---------------------------------|-------------|---------------------------|------------------------------|--------------|
|                    | otor 1 Michael J. Ba  |  |   |                              |                |                                 |             |                           |                              |              |
| Del                | otor 2 use, if filing)  | 1401   |   |                              | _              |                                 |             |                           |                              |              |
| Uni                | ted States Bankruptcy Court for the:  | NORTHERN DISTRIC                                     | CT OF NEW YORK                          | K, ALBANY                    |                |                                 |             |                           |                              |              |
| (If kr             | se number<br>nown)  |  | -                                       |                              |                |                                 | nde<br>eme  | d filing                  | g postpetition<br>ving date: | chapter 13   |
|                    | fficial Form 106I   |  |   |                              |                | MM / D                          | D/ Y        | YYY                       |                              |              |
| S                  | chedule I: Your Inco  | me   |   |                              |                |                                 |             |                           |                              | 12/1         |
| sup<br>spo<br>atta | is complete and accurate as possibilitying correct information. If you a use. If you are separated and your ch a separate sheet to this form. On the talk are provided in the provided in the complex talk. | re married and not filin<br>spouse is not filing wit | g jointly, and you<br>h you, do not inc | ır spouse is<br>lude informa | livir<br>atior | ng with you, in<br>about your s | clud<br>oou | de informa<br>se. If more | ition about y<br>space is ne | our<br>eded, |
| 1.                 | Fill in your employment information.  |  | Debtor 1                                |                              |                | Debt                            | or 2        | or non-fil                | ing spouse                   |              |
|                    | If you have more than one job, attach a separate page with information about additional   | Employment status                                    | ☐ Employed ☐ Not employed               | ed                           |                | □ E                             |             | oyed<br>mployed           |                              |              |
|                    | employers.  Include part-time, seasonal, or   | Occupation Employer's name                           |   |                              |                |                                 |             |                           |                              |              |
|                    | self-employed work.  Occupation may include student or homemaker, if it applies.  | Employer's address                                   |   |                              |                |                                 |             |                           |                              |              |
|                    |   | How long employed th                                 | nere?                                   |                              |                |                                 | _           |                           |                              |              |
| Par                | t 2: Give Details About Mont  | hly Income   |   |                              |                |                                 |             |                           |                              |              |
|                    | mate monthly income as of the dat ss you are separated.   | <b>e you file this form.</b> If y                    | ou have nothing to                      | report for any               | y line         | e, write \$0 in the             | spa         | ace. Include              | e your non-fili              | ng spouse    |
|                    | u or your non-filing spouse have more<br>e, attach a separate sheet to this form  |  | oine the information                    | n for all emplo              | oyers          | for that persor                 | on          | the lines be              | elow. If you ne              | eed more     |
|                    |   |  |   |                              |                | For Debtor 1                    |             |                           | otor 2 or<br>ng spouse       |              |
| 2.                 | List monthly gross wages, salary deductions). If not paid monthly, ca   |  |   | 2.                           | \$             | 0.0                             | 00          | \$                        | N/A                          | -            |
| 3.                 | Estimate and list monthly overting  | ne pay.  |   | 3.                           | +\$            | 0.0                             | 00_         | +\$                       | N/A                          | -            |
| 1                  | Calculate gross Income Add line   | 2 Llino 2  |   | 4                            | •              | 0.00                            |             | •                         | NI/A                         |              |

# Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 37 of 57

| Debt    | tor 1                      | Bauer, Michael J.  | _           | Case no  | umber ( <i>if known</i> ) |               |                                       |        |
|---------|----------------------------|--|-------------|----------|---------------------------|---------------|---------------------------------------|--------|
|         |                            |  |             | For D    | ebtor 1                   | For Debtor    |                                       |        |
|         | Cop                        | by line 4 here   | 4.          | \$       | 0.00                      | \$            | N/A                                   |        |
| 5.      | List                       | t all payroll deductions:  |             |          |                           |               |                                       |        |
|         | 5a.                        | Tax, Medicare, and Social Security deductions  | 5a.         | \$       | 0.00                      | \$            | N/A                                   |        |
|         | 5b.                        | Mandatory contributions for retirement plans   | 5b.         | \$       | 0.00                      | \$            | N/A                                   |        |
|         | 5c.                        | Voluntary contributions for retirement plans   | 5c.         | \$       | 0.00                      | \$            | N/A                                   |        |
|         | 5d.                        | Required repayments of retirement fund loans   | 5d.         | \$       | 0.00                      | \$            | N/A                                   |        |
|         | 5e.                        | Insurance  | 5e.         | \$       | 0.00                      | \$            | N/A                                   |        |
|         | 5f.                        | Domestic support obligations   | 5f.         | \$       | 0.00                      | \$            | N/A                                   |        |
|         | 5g.<br>5h.                 | Union dues Other deductions. Specify:  | 5g.<br>5h.+ | · · · —  | 0.00<br>0.00              |               | N/A<br>N/A                            |        |
| ^       |                            | · ' -  | _           | · : —    |                           | · <del></del> |                                       |        |
| 6.<br>- |                            | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.          | \$       | 0.00                      | \$            | <u>N/A</u>                            |        |
| 7.      | Cal                        | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.          | \$       | 0.00                      | \$            | N/A                                   |        |
| 8.      | List<br>8a.                | t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                | 0-          | œ.       |                           | r.            |                                       |        |
|         | ٥L                         | monthly net income.  | 8a.         | \$       | 0.00                      | \$            | N/A                                   |        |
|         | 8b.<br>8c.                 | Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8b.<br>8c.  | \$<br>\$ | 0.00                      | \$<br>\$      | N/A<br>N/A                            |        |
|         | 8d.                        | Unemployment compensation  | 8d.         | \$       | 0.00                      | \$            | N/A                                   |        |
|         | 8e.                        | Social Security  | 8e.         | \$       | 0.00                      | \$            | N/A                                   |        |
|         | 8f.                        | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:      | 8f.         | \$       | 0.00                      | \$            | N/A                                   |        |
|         | 8g.                        | Pension or retirement income   | —<br>8g.    | \$       | 0.00                      | \$            | N/A                                   |        |
|         | 8h.                        | Other monthly income. Specify:   | 8h.+        | \$       | 0.00                      | - \$          | N/A                                   |        |
| 9.      | Add                        | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.          | \$       | 0.00                      | \$            | N/A                                   |        |
| 10      | Cal                        | culate monthly income. Add line 7 + line 9.  | 10. \$      |          | 0.00 + \$                 | N/A           | = \$                                  | 0.00   |
|         |                            | If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.         |          |                           | 11/1          | $     ^{ \scriptscriptstyle T } -   $ | 0.00   |
| 11.     | Star<br>Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your dear friends or relatives.  In the contribution to Household Expenses  Tather's Contribution to Household Expenses | penden      |          | •                         |               | +\$1,6                                | 600.00 |
| 12.     |                            | the amount in the last column of line 10 to the amount in line 11. The resulte that amount on the Summary of Schedules and Statistical Summary of Certain  |             |          |                           |               | \$1,6                                 | 00.00  |
| 13.     | Do                         | you expect an increase or decrease within the year after you file this form?  No.  Yes. Explain: Debtor intends to return to work after taking a li  |             |          | m in furthers             | noo of his    | Combined monthly inc                  | come   |

Schedule I: Your Income

page 2

career.

Official Form 106I

# Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 38 of 57

| Fill i         | n this informa   | tion to identify you                                     | ur case:        |   |  |                             |  |  |
|----------------|--|--|-----------------|---|--|-----------------------------|--|--|
| Debt           | or 1   | Michael J. Ba  | auer            |   |  | Chec                        | ck if this is:                             |  |
| Debt           |  |  |                 |   |  |                             |  | ing postpetition chapter 13                  |
| (Spo           | use, if filing)  |  |                 |   |  |                             | expenses as of the f                       | following date:                              |
| Unite          | ed States Bankr  | ruptcy Court for the:                                    |                 | HERN DISTRICT OF NEW<br>Y DIVISION                          | YORK,                                    | -                           | MM / DD / YYYY                             |  |
| Case<br>(If kn | e number<br>lown)  |  |                 |   |  |                             |  |  |
|                |  | rm 106J  |                 |   |  |                             |  |  |
|                |  | J: Your E  |                 |   |  |                             |  | 12/15  |
| info           | rmation. If monomer in the monomer i | ore space is nee<br>er every questio<br>ibe Your Housel  | ded, atta<br>n. | If two married people are<br>ch another sheet to this fo    | filing together, both                    | n are equali<br>ny addition | y responsible for s<br>al pages, write you | supplying correct<br>ir name and case number |
| 1.             | Is this a join   |  |                 |   |  |                             |  |  |
|                | ■ No. Go to □ Yes. <b>Doe</b>  | o line 2.<br><b>s Debtor 2 live i</b> n                  | a separa        | te household?   |  |                             |  |  |
|                | □ N<br>□ Y   | -  | t file Offici   | al Form 106J-2, <i>Expen</i> ses <i>t</i>                   | or Separate Househ                       | oldof Debto                 | r 2.                                       |  |
| 2.             | Do you have  | e dependents?  | ■ No            |   |  |                             |  |  |
|                | Do not list Do<br>Debtor 2.  | ebtor 1 and  | ☐ Yes.          | Fill out this information for each dependent                | Dependent's relati<br>Debtor 1 or Debtor |                             | Dependent's age                            | Does dependent live with you?                |
|                | Do not state   |  |                 |   |  |                             |  | □No  |
|                | dependents   | names.   |                 |   |  |                             |  | ☐ Yes  |
|                |  |  |                 |   |  |                             |  | □ No<br>□ Yes                                |
|                |  |  |                 |   |  |                             |  | □ No   |
|                |  |  |                 |   |  |                             |  | ☐ Yes  |
|                |  |  |                 |   |  |                             |  | □ No   |
| ^              | Da   |  |                 |   |  |                             |  | ☐ Yes  |
| 3.             | expenses of  | penses include<br>f people other that<br>d your dependen | an r            | No<br>Yes   |  |                             |  |  |
| Part           |  | ate Your Ongoin  |                 |   |  |                             |  |  |
| expe           |  |  |                 | ptcy filing date unless yo<br>is filed. If this is a supple |  |                             |  |  |
|                |  |  |                 | overnment assistance if y                                   |  |                             |  |  |
|                | e of such as:<br>icial Form 10   |  | e include       | ed it on Schedule I: Your II                                | ncome                                    |                             | Your expe                                  | enses  |
| 4.             |  | or home ownersh<br>d any rent for the                    |                 | ses for your residence. Ind                                 | clude first mortgage                     | 4. \$                       | S  | 550.00                                       |
|                | If not includ  | led in line 4:   |                 |   |  |                             |  |  |
|                | 4a. Real e   | estate taxes   |                 |   |  | 4a. \$                      | S  | 0.00   |
|                |  | rty, homeowner's,  |                 |   |  | 4b. \$                      |  | 0.00   |
|                |  | maintenance, rep   |                 |   |  | 4c. \$                      |  | 0.00   |
| 5.             |  | owner's association                                      |                 | iominium dues<br>i <b>ur residence</b> , such as hom        | ne equity loans                          | 4d. \$<br>5. \$             |  | 0.00   |

# Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 39 of 57

| Bauer, Michael J. Cas   | se num   | ber (if known)   |   |
|---|--|--|---|
| ijes:   |  |  |   |
| Electricity, heat, natural gas  | 6a.  | \$   | 280.00  |
| Water, sewer, garbage collection  | 6b.  | \$   | 0.00  |
| Telephone, cell phone, Internet, satellite, and cable services  | 6c.  | \$   | 0.00  |
| Other. Specify:   | 6d.  | \$   | 0.00  |
| · · ·   | 7.   | \$   | 400.00  |
|   |  | ·  | 0.00  |
|   |  | •  | 50.00   |
| e   |  | ·  | 25.00   |
| •   |  |  | 25.00   |
| •   |  | Ψ  | 23.00   |
| •   | 12.  | \$   | 250.00  |
| • •   | 13.  | \$   | 25.00   |
|   | 14.  | \$   | 0.00  |
|   |  | ·  | 0.00  |
|   |  |  |   |
|   | 15a.   | \$   | 0.00  |
| Health insurance  | 15b.   | \$   | 0.00  |
| Vehicle insurance   | 15c.   | \$   | 0.00  |
| Other insurance. Specify:   | 15d.   | \$   | 0.00  |
| es. Do not include taxes deducted from your pay or included in lines 4 or 20.   |  |  | 0.00  |
|   | 16.  | \$   | 0.00  |
| • •   | 47-  | •  |   |
| • •   |  | ·  | 0.00  |
| • •   |  | · —  | 0.00  |
|   |  | ·  | 0.00  |
|   | 17d.   | \$   | 0.00  |
|   | 18.  | \$   | 0.00  |
|   |  |  | 0.00  |
|   | 19.  | <u> </u>   | 0.00  |
| •   |  | r Income.  |   |
|   |  |  | 0.00  |
| Real estate taxes   | 20b.   | \$   | 0.00  |
| Property, homeowner's, or renter's insurance  | 20c.   | \$   | 0.00  |
| • •   |  |  | 0.00  |
| Homeowner's association or condominium dues   | 20e.   | \$   | 0.00  |
|   |  | ·  | 100.00  |
| , , <u>, , , , , , , , , , , , , , , , , </u>   |  |  | 100.00  |
|   |  | •  | 4 705 00  |
| •   |  |  | 1,705.00  |
| 7, 2, 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,   |  | l *  |   |
| Add line 22a and 22b. The result is your monthly expenses.  |  | \$   | 1,705.00  |
| ulate your monthly net income.  |  |  |   |
| Copy line 12 (your combined monthly income) from Schedule I.  | 23a.   | \$   | 1,600.00  |
| Copy your monthly expenses from line 22c above.   | 23b.   | -\$  | 1,705.00  |
| Copy your monthly expenses from line 22c above.   | 230.   |  |   |
|   | 200.   |  |   |
| Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .   | 23c.   | \$   | -105.00   |
| Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .  Fou expect an increase or decrease in your expenses within the year after you file the property of the property of the your car loan within the year or do you expect your more than the year or do you expect your more your your which your expect your your your your your your your your | 23c.   | orm?   |   |
| Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income</i> .  You expect an increase or decrease in your expenses within the year after you file  | 23c.   | orm?   |   |
|   | Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify:  d and housekeeping supplies dcare and children's education costs hing, laundry, and dry cleaning sonal care products and services lical and dental expenses nsportation. Include gas, maintenance, bus or train fare. not include car payments. artainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations irance. not include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Other. Specify: Other. Specify: Other payments of alimony, maintenance, and support that you did not report as ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). are payments you make to support others who do not live with you. cify:  er real property expenses not included in lines 4 or 5 of this form or on Schedule Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues ar: Specify: Pet Supplies sulate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22a and 22b. The result is your monthly expenses. | Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Cother. Specify: d and housekeeping supplies dcare and children's education costs hing, laundry, and dry cleaning sonal care products and services lical and dental expenses to include gas, maintenance, bus or train fare. to include car payments. ratale contributions and religious donations ritable contributions ritable contributions ritable contribution | Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies dcare and children's education costs hing, laundry, and dry cleaning sonal care products and services lical and dental expenses size of and dental expenses strainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rrance. lot include car payments. ritable contributions and religious donations rrance. lot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. Life insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. Lify:  16. \$  allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Cother. Specify: Other. Specify: Other. Specify: Tother. Sp |

## Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 40 of 57

|                                      |  |                          |                           |                           | 1   |       |
|--------------------------------------|--|--------------------------|---------------------------|---------------------------|---|-------|
| Fill in this inforr                  | mation to identify your                      | case:                    |                           |                           |   |       |
| Debtor 1                             | Michael J. Bauer                             |                          | LastNama                  |                           |   |       |
| Debtor 2                             | FIRST Name                                   | Middle Name              | Last Name                 |                           |   |       |
| (Spouse if, filing)                  | First Name                                   | Middle Name              | Last Name                 |                           |   |       |
| United States Ba                     | ankruptcy Court for the:                     | NORTHERN DISTRIC         | CT OF NEW YORK, ALBA      | ANY DIVISION              |   |       |
| Case number                          |  |                          |                           |                           | ☐ Check if this is an amended filing                                    |       |
| Official Forr                        |  |                          | al Dabtaria G             | Na la a divila a          |   |       |
| Declarat                             | tion About a                                 | an individua             | al Debtor's S             | cneaules                  | 1   | 12/15 |
| obtaining money<br>years, or both. 1 |  | n connection with a ban  |                           |                           | ment, concealing property, or<br>), or imprisonment for up to 20        |       |
| Did you pa                           | y or agree to pay some                       | one who is NOT an atto   | rney to help you fill out | bankruptcy forms?         |   |       |
| ■ No                                 |  |                          |                           |                           |   |       |
| ☐ Yes. N                             | Name of person                               |                          |                           |                           | nkruptcy Petition Preparer's Notic<br>n, and Signature (Official Form 1 |       |
|                                      | lty of perjury, I declare etrue and correct. | that I have read the sun | nmary and schedules fil   | led with this declaration | n and   |       |
| X /s/ Mic                            | hael J. Bauer                                |                          | X                         |                           |   |       |
|                                      | el J. Bauer<br>re of Debtor 1                |                          | Signature                 | of Debtor 2               |   |       |

Date \_\_\_\_

Date **June 27, 2016** 

## Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main

| Fill in this infor        | mation to identify your  | case:             |                       |          |                                      |
|---------------------------|--------------------------|-------------------|-----------------------|----------|--------------------------------------|
| Debtor 1                  | Michael J. Bauer         |                   |                       |          |                                      |
|                           | First Name               | Middle Name       | Last Name             |          |                                      |
| Debtor 2                  |                          |                   |                       |          |                                      |
| (Spouse if, filing)       | First Name               | Middle Name       | Last Name             |          |                                      |
| United States Ba          | ankruptcy Court for the: | NORTHERN DISTRICT | OF NEW YORK, ALBANY D | DIVISION |                                      |
| Case number<br>(if known) |                          |                   |                       |          | ☐ Check if this is an amended filing |

## Official Form 106Sum

## **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Par | t 1: Summarize Your Assets   |             |                           |
|-----|--|-------------|---------------------------|
|     |  |             | assets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 119,000.00                |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 3,036.00                  |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 122,036.00                |
| Par | t 2: Summarize Your Liabilities  |             |                           |
|     |  |             | liabilities<br>nt you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D             | \$          | 412,516.61                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e & chedule E/F                                       | \$          | 65,000.00                 |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F  | \$          | 673,777.00                |
|     | Your total liabilities   | \$          | 1,151,293.61              |
| Par | t 3: Summarize Your Income and Expenses  |             |                           |
| 4.  | Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oschedule I   | \$          | 1,600.00                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 1,705.00                  |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |             |                           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your oth  Yes                     | her sched   | lules.                    |
| 7.  | What kind of debt do you have?   |             |                           |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a per purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C.§ 159. | ersonal, fa | amily, or household       |

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the

court with your other schedules.

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document

Page 42 of 57 Case number (if known) Debtor 1 Bauer, Michael J.

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 8. 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

1,600.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total o | laim      |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |         |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 65,000.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$      | 0.00      |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 65,000.00 |

## Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 43 of 57

| Fill               | in this inf                | ormation to identify your   | case:                                      |                |  |  |              |   |
|--------------------|----------------------------|---|--|----------------|--|--|--------------|---|
| Deb                | otor 1                     | Michael J. Baue   | r  |                |  |  |              |   |
|                    |                            | First Name  | Middle Name                                |                | Last Name                                  |  |              |   |
| -                  | otor 2<br>ouse if, filing) | First Name  | Middle Name                                |                | Last Name                                  |  |              |   |
| Uni                | ted States                 | Bankruptcy Court for the:   | NORTHERN DISTRI                            | CT OF NEW      | YORK, ALBANY DIV                           | /ISION                                     |              |   |
|                    | se number<br>nown)         |   |  |                |  |  | _            | neck if this is an<br>nended filing                   |
| Sta<br>Be a        | ateme                      | orm 107 nt of Financial Are and accurate as possible more space is needed, a            | le. If two married peopl                   | le are filing  | together, both are e                       | qually responsible                         |              |   |
| `                  |                            | swer every question.<br>ve Details About Your Ma  | rital Status and Where                     | You Lived B    | Sefore                                     |  |              |   |
| 1.                 |                            | our current marital status  |  |                |  |  |              |   |
|                    |                            | 2 - 4   |  |                |  |  |              |   |
|                    | ☐ Marr                     | ned<br>married  |  |                |  |  |              |   |
| 2.                 | During th                  | e last 3 years, have you l  | ived anywhere other th                     | an where yo    | ou live now?                               |  |              |   |
|                    | ■ No □ Yes.                | List all of the places you liv  | ed in the last 3 years. Do                 | not include v  | vhere you live now.                        |  |              |   |
|                    | Debtor 1                   | Prior Address:  | Dates Debte<br>there                       | or 1 lived     | Debtor 2 Prior Ad                          | dress:                                     |              | Dates Debtor 2<br>lived there                         |
| <b>3.</b><br>state |                            | e last 8 years, did you ev<br>itories include Arizona, Cali                             |  |                |  |  |              |   |
|                    | ■ No □ Yes.                | Make sure you fill out Sche   | edule H: Your Codebtors                    | (Official Forr | n 106H).                                   |  |              |   |
| Par                | t 2 Ex                     | plain the Sources of Your   | Income                                     |                |  |  |              |   |
| 4.                 | Fill in the If you are     | nave any income from em<br>total amount of income you<br>filing a joint case and you ha | received from all jobs a                   | ind all busine | esses, including part-                     | time activities.                           | ious calenda | ar years?   |
|                    |                            |   | Debtor 1                                   |                |  | Debtor 2                                   |              |   |
|                    |                            |   | Sources of income<br>Check all that apply. | (befo          | ss income<br>ore deductions and<br>usions) | Sources of incommendation Check all that a |              | Gross income<br>(before deductions<br>and exclusions) |

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 44 of 57 se number(*if known*) Debtor 1 Bauer, Michael J. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 **Gross income from** Sources of income Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address** Dates of payment Total amount Amount you Was this payment for ... paid still owe Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Insider's Name and Address Dates of payment **Total amount** Amount you Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an 8. Include payments on debts guaranteed or cosigned by an insider. Nο Yes. List all payments to an insider Insider's Name and Address **Total amount** Amount you Reason for this payment Dates of payment

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications,

paid

still owe

Include creditor's name

| Del | Case 16-11184-1-rel Doc<br>otor 1 Bauer, Michael J.  | 1 Filed 06/27/10 Document I          | 6 Entered 06/27/16<br>Page 45 of 57<br>Case number(#                          | 15:23:23 De              | esc Main            |
|-----|--|--------------------------------------|---|--------------------------|---------------------|
|     |  |                                      |   |                          |                     |
|     | and contract disputes.   |                                      |   |                          |                     |
|     | □ No   |                                      |   |                          |                     |
|     | Yes. Fill in the details.  |                                      |   |                          |                     |
|     | Case title Case number   | Nature of the case                   | Court or agency   | Status of th             | e case              |
|     | Christiana Trust, Solely as Trustee<br>v. Michael J. Bauer<br>3050/15  | Residential<br>Foreclosure<br>Action | Albany County Supreme<br>Court<br>16 Eagle St Rm 102<br>Albany, NY 12207-1015 | Pending On appe          | eal                 |
| 10. | Within 1 year before you filed for bankruptocheck all that apply and fill in the details below  No. Go to line 11.               |                                      | rty repossessed, foreclosed, g  | arnished, attached,      | seized, or levied?  |
|     | ☐ Yes. Fill in the information below.  |                                      |   |                          |                     |
|     | Creditor Name and Address  | Describe the Property                |   | Date                     | Value of the        |
|     | Explain what happened  |                                      |   |                          | property            |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment because No Yes. Fill in the details.            |                                      | uding a bank or financial instit  | ution, set off any an    | nounts from your    |
|     | Creditor Name and Address  | Describe the action the              | creditor took   | Date action was taken    | Amount              |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or an  |                                      | rty in the possession of an ass   | signee for the benefi    | t of creditors, a   |
|     | ■ No   |                                      |   |                          |                     |
|     | ☐ Yes  |                                      |   |                          |                     |
| Par | t 5: List Certain Gifts and Contributions  |                                      |   |                          |                     |
| 13. | Within 2 years before you filed for bankrupt ■ No □ Yes. Fill in the details for each gift.                                      | cy, did you give any gifts           | with a total value of more than   | n \$600 per person?      |                     |
|     | Gifts with a total value of more than \$600 p person   | er Describe the gifts                |   | Dates you gave the gifts | Value               |
|     | Person to Whom You Gave the Gift and Address:  |                                      |   |                          |                     |
| 14. | Within 2 years before you filed for bankrupt ■ No □ Yes. Fill in the details for each gift or contr                              |                                      | or contributions with a total v   | value of more than \$    | 600 to any charity? |
|     | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) |                                      | contributed   | Dates you contributed    | Value               |
| Par | t 6: List Certain Losses   |                                      |   |                          |                     |

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Page 46 of 57
Case number (if known) Document Debtor 1 Bauer, Michael J. or gambling? No Yes. Fill in the details. Describe any insurance coverage for the loss Describe the property you lost and Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment or Amount of **Address** transferred transfer was payment **Email or website address** made Person Who Made the Payment, if Not You Warner & Warner, PLLC \$1,076.00 Attorney fee 6 Automation Ln Ste 109 Albany, NY 12205-1658 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment or Amount of Address transferred transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Yes. Fill in the details. Person Who Received Transfer Description and value of Date transfer was Describe any property or Address property transferred payments received or debts made paid in exchange Person's relationship to you Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Nο Yes. Fill in the details.

Name of trust

Description and value of the property transferred

**Date Transfer was** 

made

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Page 47 of 57
Case number (if known) Document Debtor 1 Bauer, Michael J. Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed. sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Nο П Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance before Address (Number, Street, City, State and ZIP account number closed, sold, instrument closing or transfer Code) moved, or transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State have it? and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No ☐ Yes. Fill in the details. Name of Storage Facility Who else has or had access Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. **Owner's Name** Where is the property? Describe the property Value (Number, Street, City, State and ZIP Address (Number, Street, City, State and ZIP Code) Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No

Name of site

Address (Number, Street, City, State and

Environmental law, if you

know it

Governmental unit

Date of notice

Address (Number, Street, City, State and ZIP Code)

Yes. Fill in the details.

ase number (if known) Debtor 1 Bauer, Michael J. 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Environmental law, if you Date of notice Name of site Governmental unit Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Nο Yes. Fill in the details. Case Title Nature of the case Status of the Court or agency Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ■ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name Date Issued Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Michael J. Bauer Signature of Debtor 2 Michael J. Bauer Signature of Debtor 1 Date June 27, 2016 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ■ No . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). ☐ Yes. Name of Person Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 6

Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main

Page 48 of 57

Case 16-11184-1-rel

Doc 1

Document

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 49 of 57 Case number (if known)

Debtor 1 Bauer, Michael J.

## Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document Page 50 of 57

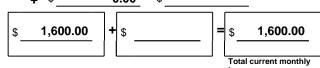
| Fill in this info               | rmation to identify your case:  |                            |                    |   | only as d           | irected in this form and  | in Form             |
|---------------------------------|---|----------------------------|--------------------|---|---------------------|---------------------------|---------------------|
| Debtor 1                        | Michael J. Bauer  |                            | 12                 | 2A-1Supp:                               |                     |                           |                     |
| <b>D</b> 1 / 0                  |   |                            |                    |   |                     |                           |                     |
| Debtor 2<br>(Spouse, if filing) |   |                            |                    | 1. There                                | is no pres          | umption of abuse          |                     |
| 3,                              | Northern District of  | Now York Alba              |                    | 2. The ca                               | lculation t         | o determine if a presun   | nption of abuse     |
| United States                   | Bankruptcy Court for the: Division  | New TOIK, Alba             | li ly              |   |                     | nade underChapter 7 M     | leans Test          |
|                                 | · · ·   |                            |                    | Calcu                                   | <i>lation</i> (Offi | cial Form 122A-2).        |                     |
| Case number                     |   |                            |                    |   |                     | does not apply now bed    | ause of qualified   |
| (II KIIOWII)                    |   |                            |                    | militar                                 | y service b         | out it could apply later. |                     |
|                                 |   |                            |                    | ☐ Check i                               | f this is a         | in amended filing         |                     |
| Official F                      | Form 122A - 1   |                            |                    |   |                     |                           |                     |
| Chapter                         | 7 Statement of Your Cur   | rent Mon                   | thly Inc           | ome                                     |                     |                           | 12/15               |
| <u> </u>                        |   |                            | ye                 |   |                     |                           |                     |
|                                 | and accurate as possible. If two married people ar  |                            |                    |   |                     |                           |                     |
|                                 | t to this form. Include the line number to which the<br>n). If you believe that you are exempted from a pro     |                            |                    |   |                     |                           |                     |
| military service,               | complete and file Statement of Exemption from P   | resumption of A            | buse Under § 70    | 07(b)(2) <b>(Offic</b>                  | ial Form 1          | 22A-1Supp) with this for  | n.                  |
| Part 1: Ca                      | alculate Your Current Monthly Income  |                            |                    |   |                     |                           |                     |
| 1. What is                      | your marital and filing status? Check one only  |                            |                    |   |                     |                           |                     |
|                                 | narried. Fill out Column A, lines 2-11.   | , -                        |                    |   |                     |                           |                     |
| _                               | ·   | hadh Oalaasa               | A I D. I'          | 0.44                                    |                     |                           |                     |
|                                 | ed and your spouse is filing with you. Fill out   |                            |                    | 2-11.                                   |                     |                           |                     |
|                                 | ed and your spouse is NOT filing with you. Y  | , ,                        | 1                  |   |                     |                           |                     |
|                                 | ing in the same household and are not legall  |                            |                    |   | •                   |                           |                     |
|                                 | ing separately or are legally separated. Fill or  | •                          |                    |   | •                   |                           |                     |
|                                 | nalty of perjury that you and your spouse are lega<br>art for reasons that do not include evading the Me        |                            |                    |   |                     | that you and your spou    | se are living       |
|                                 | erage monthly income that you received from all s   |                            |                    | • | , · · ,             | this bankruptcy case. 1   | 1 U.S.C. §          |
| 101(10A). Fo                    | or example, if you are filing on September 15, the 6-mo   | onth period would          | be March 1 throu   | ugh August 31                           | . If the amo        | unt of your monthly incom | e varied during the |
|                                 | d the income for all 6 months and divide the total by 6 e rental property, put the income from that property in |                            |                    |   |                     |                           | both spouses        |
|                                 |   |                            |                    | Column A                                |                     | Column B                  |                     |
|                                 |   |                            |                    | Debtor 1                                |                     | Debtor 2 or               |                     |
| o v                             |   |                            | 4                  |   |                     | non-filing spouse         |                     |
|                                 | oss wages, salary, tips, bonuses, overtime, al<br>eductions).   | nd commissior              | is (before all     | \$                                      | 0.00                | \$                        |                     |
|                                 | and maintenance payments. Do not include p  | avments from a             | a spouse if        | -                                       |                     | ·                         |                     |
|                                 | B is filled in.   | .,                         |                    | \$                                      | 0.00                | \$                        |                     |
|                                 | ints from any source which are regularly paid   |                            |                    |   |                     |                           |                     |
| from on I                       | r your dependents, including child support. I   | our donandante             | parante and        |   |                     |                           |                     |
| roommat                         | res. Include regular contributions from a spouse  | only if Column             | B is not filled in | ٦                                       |                     | _                         |                     |
| DO HOU III                      | icidde payments you listed on line 5  |                            |                    | \$                                      | 600.00              | \$                        |                     |
| 5. Net inco                     | me from operating a business, profession, o   |                            | 44                 |   |                     |                           |                     |
|                                 |   |                            | otor 1             |   |                     |                           |                     |
|                                 | ceipts (before all deductions)  | \$ <u>0.00</u><br>-\$ 0.00 |                    |   |                     |                           |                     |
| -                               | and necessary operating expenses  |                            | Conv. boro         | ¢                                       | 0.00                | \$                        |                     |
|                                 | thly income from a business, profession, or farm  | 1 \$                       | Copy here ->       | · •                                     | 0.00                | Ψ                         |                     |
| 6. Net inco                     | me from rental and other real property  | Dob                        | otor 1             |   |                     |                           |                     |
| 0                               | anista (lantana alla da dunti a a a)  | \$ 0.00                    |                    |   |                     |                           |                     |
|                                 | ceipts (before all deductions)  | -\$ 0.00                   |                    |   |                     |                           |                     |
| _                               | and necessary operating expenses  |                            | Copy here ->       | \$                                      | 0.00                | \$                        |                     |
|                                 | thly income from rental or other real property  | \$                         | John Heie ->       |   | 0.00                | \$                        |                     |
| <ol><li>7. Interest,</li></ol>  | dividends, and royalties  |                            |                    | \$                                      | 0.00                | *                         |                     |

Official Form 122A-1

|             | Case 16-11184-1-rel  | Doc 1 Filed 06/2<br>Document   | 27/16 Enter<br>Page 51 |                   | /16 15     | :23:23 Desc Ma                         | ın |
|-------------|--|--------------------------------|------------------------|-------------------|------------|--|----|
| Debtor 1    | Bauer, Michael J.  |                                |                        | Case number       | (if known) |  |    |
|             |  |                                |                        | Column A Debtor 1 |            | Column B Debtor 2 or non-filing spouse |    |
| 8. <b>L</b> | Inemployment compensation  |                                |                        | \$                | 0.00       | \$                                     |    |
|             | o not enter the amount if you content<br>ocial Security Act. Instead, list it he |                                | s a benefit under the  | •                 |            |  |    |
|             | For you  | \$                             | 0.00                   |                   |            |  |    |
|             | For your spouse  | \$                             |                        |                   |            |  |    |
|             | <b>Pension or retirement income.</b> Do  | not include any amount receive | d that was a benefit   | \$                | 0.00       | \$                                     |    |

0.00 0.00 Total amounts from separate pages, if any. 0.00 \$

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.



Part 2: **Determine Whether the Means Test Applies to You** 

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11 Copy line 11 here=> 1,600.00

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form

**x** 12 19,200.00

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

under the Social Security Act.

NY

Fill in the number of people in your household.

Fill in the median family income for your state and size of household.

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clebs office.

49.086.00

### 14. How do the lines compare?

- Line 12b is less than or equal to line 13. On the top of page 1, check box There is no presumption of abuse. 14a
- Line 12b is more than line 13. On the top of page 1, check box 2The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2.

Part 3:

### Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

### X /s/ Michael J. Bauer

### Michael J. Bauer

Signature of Debtor 1

#### Date June 27, 2016

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Certificate Number: 16199-NYN-CC-027648867



## **CERTIFICATE OF COUNSELING**

I CERTIFY that on June 23, 2016, at 2:52 o'clock PM EDT, Michael J Bauer received from CC Advising, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Northern District of New York, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: June 23, 2016 By: /s/Jalen Tanner

Name: Jalen Tanner

Title: Credit Counselor

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

## **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 16-11184-1-rel Doc 1 Filed 06/27/16 Entered 06/27/16 15:23:23 Desc Main Document

Page 57 of 57

B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court** Northern District of New York, Albany Division

| In   | re       | Bauer, Micha                           | ael J.        |  |  | Case No.                 |                         |                 |
|------|----------|--|---------------|--|--|--------------------------|-------------------------|-----------------|
|      |          |  |               |  | Debtor(s)  | Chapter                  | 7                       |                 |
|      |          | D                                      | ISC           | LOSURE OF COM  | MPENSATION OF ATTO   | RNEY FOR I               | DEBTOR                  |                 |
| 1.   | coı      | mpensation paid                        | to me         | within one year before the                                 | 2016(b), I certify that I am the attorne filing of the petition in bankruptcy, tion of or in connection with the bank    | or agreed to be pa       | id to me, for service   |                 |
|      |          | For legal servi                        | ces, I l      | have agreed to accept                                      |  | \$                       | 1,076.00                |                 |
|      |          | Prior to the fil                       | ing of        | this statement I have recei                                | ived   | \$                       | 1,076.00                |                 |
|      |          | Balance Due                            |               |  |  | \$                       | 0.00                    |                 |
| 2.   | Th       | e source of the c                      | ompen         | nsation paid to me was:                                    |  |                          |                         |                 |
|      |          | ■ Debtor                               |               | Other (specify):   |  |                          |                         |                 |
| 3.   | Th       | e source of comp                       | ensati        | ion to be paid to me is:                                   |  |                          |                         |                 |
|      |          | ■ Debtor                               |               | Other (specify):   |  |                          |                         |                 |
| 4.   | -        | I have not agree firm.                 | ed to s       | hare the above-disclosed c                                 | compensation with any other person t   | unless they are me       | mbers and associate     | s of my law     |
|      |          |  |               |  | pensation with a person or persons we names of the people sharing in the   |                          |                         | ıy law firm. A  |
| 5.   | In       | return for the ab                      | ove-di        | sclosed fee, I have agreed                                 | to render legal service for all aspects  | s of the bankruptcy      | case, including:        |                 |
|      | b.<br>c. | Preparation and                        | filing of the | of any petition, schedules,<br>debtor at the meeting of cr | rendering advice to the debtor in dete<br>, statement of affairs and plan which<br>reditors and confirmation hearing, an | may be required;         | -                       | ankruptcy;      |
| 6.   | Ву       | agreement with                         | the de        | ebtor(s), the above-disclose                               | ed fee does not include the following  | service:                 |                         |                 |
|      |          |  |               |  | CERTIFICATION  |                          |                         |                 |
| this |          | ertify that the for<br>kruptcy proceed |               | g is a complete statement of                               | of any agreement or arrangement for  | payment to me for        | r representation of the | ne debtor(s) in |
|      | Jun      | ne 27, 2016                            |               |  | /s/ Samuel B. Warr   | ner                      |                         |                 |
| Date |          | Samuel B. Warner                       |               |  |  |                          |                         |                 |
|      |          |  |               |  | Signature of Attorney Warner & Warner,   |                          |                         |                 |
|      |          |  |               |  | 6 Automation Ln S<br>Albany, NY 12205-<br>(518) 451-9388 Fa<br>swarner@warnerla<br>Name of law firm                      | 1658<br>x: (518) 767-452 | 22                      |                 |
|      |          |  |               |  | rvame oj taw jirm  |                          |                         |                 |